SINOVILLE CRISIS CENTRE: EVALUATION OF A VOLUNTEER BASED INITIATIVE

by

HENRY DAVID MASON

submitted in fulfillment of the requirements for the degree

MASTER OF ARTS

in the subject

PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: DR. J A NEL

JOINT SUPERVISOR: DR. Y A DU TOIT

NOVEMBER 2007

DECLARATION

"I declare that **SINOVILLE CRISIS CENTRE: EVALUATION OF A VOLUNTEER BASED INITIATIVE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references"

_____ _____

Mr. H.D. Mason Date

DEDICATION

This study is dedicated to my parents

Robinson and Yvonne Mason

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude and appreciation to:

- My supervisor, Dr. Juan Nel, for his professional guidance, consistent encouragement and support, for his person-centred way of being, and for making me believe that I did it all on my own.

- My joint supervisor, Dr. Pixie du Toit, for the opportunity to further my studies and conduct research at the Sinoville Crisis Centre.

- To Mr Piet Vermeulen for his support, mentorship, guidance and willingness to share his wisdom and knowledge with me over the past five years.

- All the counsellors at the Sinoville Crisis Centre for the willingness to share their experiences, form part of this study and the wonderful work they are doing.

- To Elna van Schalkwyk for her technical expertise and dedicated support - it is much appreciated.

- To Ilse Neethling for her technical support and guidance as well as her expert knowledge on participatory action research that she shared so generously.

- To Evette…*Ya pihi irakema*

ABSTRACT

South Africa is a country steeped in decades of conflict and animosity. Apartheid and its consequences do not simply die: it has created a society struggling for survival. Against the backdrop of a country and its people still experiencing an extended social crisis, these struggles are socially constructed through various forms of aggressive, traumatic and violent behaviours such as crime victimisation. The resultant effect is that many South Africans are traumatised and require assistance to manage and deal with the impact of traumatic exposure. Counselling and psychological services within the South African context are limited, potentially expensive and often inaccessible to the poor.

One way to address the needs of victims of crime and violence, is through the establishment of one-stop multidisciplinary crisis centres that specialise in short term crisis intervention service delivery. One such a crisis centre is the Sinoville Crisis Centre (SCC).

The purpose of the study is to present an exploratory qualitative and participatory action research account of the SCC's endeavours and ongoing challenges in providing crisis intervention services as well as to serve as a guideline for future development.

Research interviews with seven (7) SCC counsellors were complimented with a focus group interview. Subsequent conclusions were grounded in relation to relevant subject theory.

Three (3) broad categories of recommendations are provided. Specific recommendations are levelled in relation to:

- The SCC's crisis intervention models
- The SCC's need to manage organisational change and loss; and
- The SCC's role within the Victim Empowerment Programme.

KEY TERMS: Community based crisis centre, Sinoville crisis centre, crisis theory, crisis intervention, victim empowerment, victim support, salutogenesis, pathogenesis, qualitative research, participatory action research

TABLE OF CONTENTS

CHAPTER 1
EXPOSITION

CHAPTER 2

LITERATURE REVIEW

LIST OF ANNEXURES

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1

EXPOSITION

1.1 INTRODUCTION

Since the origin of the medical profession, physicians have sought explanations for disease (Hippocrates, 2006). In the 1900's Hans Selye began studying the non-specific syndrome of *just being sick* (Selye, 1965). Subsequent to years of research Selye (1974, 1976, 1980) coined this non-specific condition of *just being sick* the stress syndrome. In modern times stress has become a fitting explanation for a range of diseases or health problems (Wainwright & Calnan, 2002). Barker (2000, p. 97) pronounces: "Life is so real I can meaningfully represent it only in metaphor." Stress has become a modern day metaphor that describes the difficulties humans face in adapting to daily and omnipresent challenges (Selye, 1974, 1980).

Researchers such as Antonovsky (1979, 1985, 1987), Lazarus (1966) and Strümpfer (1995, 1999) communicate the idea that stress is an important aspect of life that has both potential adaptive and destructive properties. To manage stress humans engage in a multitude of cognitive and behavioural strategies, referred to as coping strategies (Lazarus & Folkman, 1984). The coping strategies that are employed to manage stress include, among other, relaxation, attempts at problem-solving and seeking out social support and encouragement (Genest, Bowen, Dudley, & Keegan, 1994; Summerfield, 2000; Wolpe, 1973).

While people might be able to manage daily transient stressors to varying degrees, danger signals appear when an individual is overwhelmed by an acute stressor, namely a crisis. A crisis involves a period of temporary and intense psychological and emotional disequilibrium, which offers both opportunity and danger, resulting from a subjectively defined obstacle that constitutes an evidential problem that cannot be remedied by utilising traditional personal coping resources or strategies (Caplan, 1964; France, 2002; Kleepsies, Deleppo, Galagher & Niles, 1999; Roberts, 2000; Slaikeu, 1990).

Nel, Koortzen and Jacobs' (2001) statement that crises are time limited events are supported by numerous crisis researchers, such as Caplan (1961), Collins and Collins (2005) and France (2001). What Nel et al.'s (2001) statement reflects is that

crises are managed one way or the other, be it in an adaptive or maladaptive manner[1]. In other words, those facing adversity, such as crises, will have the innate ability to manage such an event, but positive recovery, as understood from existing social norms, cannot be definite.

With regards to positive recovery from crises Call (in Aguilera, 1994) notes that humans are predisposed towards social, emotional and physical interaction and support for each other during times of extreme stress for the purpose of the survival of the species. As a logical deduction it can be stated that although a crisis is managed, one way or the other, social support[2] acts as an important factor in determining whether the majority of crisis victims, seeking such support, will recover in an adaptive emotional, behavioural, cognitive and psychological manner.

Numerous authors point out that a weakening of social support structures could impinge on people's ability to recover from crises. This considered opinion is articulated with regards to, among other, victims of crime (Handbook on Justice for Victims, 1995; Nel & Kruger, 1999), HIV / Aids infectees (De Waal & Whiteside, 2003; Lie & Biswalo, 1994; McGeary, 2001; Vorster, 2003) and those affected by economic hardship (Van Niekerk, 2003; Winkel, 1998). The availability of counselling and psychological services in the South African context is also limited, which subsequently weakens social support structures even further (Jordaan, 2001; Landman, 2003; Seedat, Kruger & Bode, 2003). In addition to the aforementioned social struggles, South Africa's political history has assisted, in some instances, to turn the most basic unit of a community, the family, into a violent entity (Friedman, 2000; Silove & Schweitzer, 1993; Torkington, 2000). In other words, a violent culture that perpetuates collective victimhood has become the norm.

Social support structures, such as crisis centres, that assist victims to heal and prevent further victimisation via intervention programmes are thus required to, among other, address the South African social crisis.

---

[1] The terms *adaptive* and *maladaptive* are subjective in nature and can only be interpreted from specific cultural and societal rules and norms. Such rules and norms will inevitably be diverse in nature as prescribed by a relevant culture and society.

[2] The term *social support*, refers to the crisis victim's significant others (social support group), as well as the broader community-based support system (social support system) that is available (Nel, Koortzen & Jacobs, 2004; Psych-Action, 2001).

1.1.1 Crisis centres

Simple economics teaches us that there is a close relationship between demand and supply. The demand, seemingly expressed within the crisis intervention field, is for the availability of social support structures and services that could facilitate adaptive outcomes following crises events. Supply has been offered in the form of, among other, community-based crisis centres. Nel and Kruger (1999) define a crisis centre as, ideally, a one-stop multidisciplinary centre that specialises mostly in short-term crisis intervention service delivery. Crisis centres are usually staffed by trained volunteers from a specific community and deliver short-term crisis intervention and counselling services (first-line crisis intervention).

One such crisis centre is the Sinoville Crisis Centre.

1.1.2 The Sinoville Crisis Centre

With crisis centres commonplace in the United States of America, the United Kingdom, and elsewhere, Dr Y.A. du Toit, a forensic criminologist, recognised the value of such a service, and contributed to the extension of similar services in South Africa by establishing a crisis centre in Sinoville, Pretoria. The centre is known as the Sinoville Crisis Centre (SCC). The SCC is a community-based crisis centre that aims to empower victims of a variety of crises by offering first-line crisis intervention services as well as other supportive services. All SCC services are provided free of charge.

1.2 BACKGROUND TO THIS STUDY

Du Toit (2005) voices the plight of crime victims by stating that the traditional perpetrator-centred criminal justice system has not done much to empower the victimised. Other researchers such as Nel and Kruger (1999, 2003) and Nel et al. (2001) have also addressed the shortcomings of a perpetrator-centred criminal justice system. In an apparent united voice the aforementioned researchers declare that crime and other victims have the right to demand more victim-centred services.

This united criticism of and support for victim support services, among other, planted the idea to establish the SCC at the Sinoville Police Station. In doing so victims could be emotionally and practically assisted the moment they reported a crime.

While the conceptual thinking surrounding the SCC was sound and seemingly needs-based, there were numerous practical realities that required attention. Some of these practical realities included:

- Who would staff the centre?
- Who would train the crisis workers?
- Who would finance the centre?
- Would the centre be able to attend to the needs of its clients?
- Would the SCC be a sustainable endeavour?

In reflection on the aforementioned questions, it appears that there was a dynamic tension that guided much of the SCC's efforts from the beginning: while the need for a community-based crisis intervention service existed, there had been little external assistance available in terms of drafting policies, physical resources or even the training of counsellors. The SCC's establishment was mainly driven by a few spirited individuals. These spirited individuals can honourably consider themselves first-generation SCC counsellors.

In the time since the SCC's inception, this community-based organisation has experienced a spurt of growth in terms of the number of clients who visited the centre, the acquisition and development of physical resources, as well as community involvement and networking with likeminded organisations. Currently the SCC delivers a comprehensive service that is built on a sound infrastructure, adequate administrative procedures, in-house training programmes and a committed group of volunteers (Du Toit, 2005). Yet, there are still limited external signposts and endorsements to guide the way and the current SCC management and counsellors are acting as pioneers in terms of the SCC's future.

1.3 MOTIVATION FOR THIS STUDY

The motivation for this study derives from an individual desire to formulate and enhance my personal comprehension, knowledge and insight of the SCC, its counsellors, its clients and crisis intervention services in the broad spectrum for the benefit of all SCC stakeholders. Having worked at the SCC since 2002, I began this project as a personal development quest. My years at the SCC were marked by a *melting pot* of experiences: hard work, insightful challenges, heart-breaking cases, exhilaration, satisfaction, a cruel awakening to the realities of organisational politics

and a continuous search for meaning in my personal life and through the struggles of SCC clients.

Despite being educated up to honours level in the discipline of psychology and having gained experience as a trauma counsellor in the banking industry, I often felt frustrated and hesitant as if I was *entering the unknown*. I was constantly reflecting, learning and growing as a result of the hardship of SCC clients. I harboured personal feelings and thoughts of uncertainty regarding the effectiveness of the crisis intervention services in general and questioned my ability to translate theoretical knowledge into practice. However, I was *elated* to discover the apparent *normality* of my learning experiences; as Rogers (1980) indicates: “I dislike myself when I can’t hear another, when I do not understand him” (p. 13) and “In a hostile and unappreciative group, I am just not much of anything. People wonder, with good reason, how did he ever get a reputation” (p.23). Carrol (1997, p.222) adds: “Those years were marked by hard work, challenge, anxiety, excitement, exhaustion and satisfaction. Many times I felt as though I was treading unchartered waters, despite my strong medical and counselling background.”

While I acknowledged the normality of my challenging learning experiences, an aspect that I perceived as particularly troublesome was that numerous *more experienced* SCC counsellors would state that the knowledge acquired from SCC work could not be obtained from academic study. The aforementioned SCC counsellors’ statements were, more often than not, made by people who had no formal training within the field of psychology or related areas of study. I began to wonder how accessible scientific research and academic literature were to these highly motivated and passionate crisis intervention volunteers. I suspected the gap that separated the worlds of academic study and theoretical knowledge and the practical application of such principles needed to be bridged. A research study conducted at the SCC could allow this. However, the SCC was strongly focussed on pragmatic service delivery. A research culture was not a priority *per se*: there were victims that required immediate attention. Yet, I was of the opinion that practice informs research and *vice versa*.

With my sentiments being declared privately, but concealed publicly, I could not help but wonder how effective the SCC’s crisis services are. Furthermore, I was curious to uncover how effective other crisis counsellors believed they were in delivering similar services. With further enquiry, I was pleasantly surprised to discover that a number of

crisis and trauma counsellors (both working at the SCC and other initiatives) were sharing similar sentiments: “Was the service being delivered effective, or at least useful?” and “Am I able to make a difference to the lives of others?”

Subsequently, I decided to embark on a study to determine the effectiveness of the short-term crisis intervention services the SCC counsellors were implementing. A logical starting point was to consult the crisis intervention literature. In the literature I came across a central theme of disagreement. What became apparent to me was that some researchers regarded short-term crisis intervention and debriefing services as beneficial to victims of crises, while others were critical of the value of such services.

Drawing a parallel between studies evaluating the effectiveness of crisis intervention services, especially those evaluating debriefing as intervention, and the SCC, was troublesome. Firstly, I became aware of the differences in availability and quality of crisis intervention services in first and third world countries. Furthermore, a standard model of intervention (for example, critical incident stress debriefing) had been implemented in many of the academic studies. From the SCC’s perspective, the term *debriefing* was used to describe services that did not strictly reflect standard debriefing models. In other words, the strict implementation of a specific intervention model was not standard practice, although a relatively standard approach was being utilised.

While becoming aware of the aforementioned, I also began to conceptualise the SCC context differently. Throughout the establishment of the SCC there had been little external assistance, with the South African Victim Empowerment programme (VEP) still in its infancy (Nel & Kruger, 1999, 2003). Rather, it was a few vigorous individuals that directed the SCC’s establishment. Nel and associates (Nel & Kruger, 1999, 2003; Nel et al., 2001) state that in most instances civil society has become the lead role player in the VEP. The intention was, however, for a network of state agencies to lead, with civil society playing in a role in service delivery. Subsequent to these initial endeavours the Sinoville community embraced the SCC in a cooperative spirit.

As a result of the aforementioned thoughts and arguments the purpose of the study underwent subtle changes and was starting to take shape.

1.4 PURPOSE OF THIS STUDY

The purpose of the study is to present an exploratory qualitative and participatory action research account of the SCC's endeavours in providing crisis intervention services as well as to serve as a guideline for future development. More specifically this study aims to reflect and comment on the SCC's endeavours, its attempts to deliver crisis intervention services, and explore what has worked, what has not worked, and what could be done to improve future service delivery.

This study attempts to reflect on the pioneering SCC counsellors' work, thoughts, expressions and perspectives. It attempts to present a guiding map to understand the SCC and to discuss the undertakings, frustrations, struggles and positive outcomes of the SCC's work. Furthermore, the aim is to provide recommendations that could enable the SCC to plot the easiest and safest route towards the *picturesque locations*.

1.4.1 Aims of this study

This study has five (5) broad aims, namely to:

- Explore, describe, reflect and comment on the SCC's crisis intervention programme by means of a triangulation approach;
- Allow the SCC to speak for itself by expressing its thoughts, perspectives and principles on aspects related to its crisis intervention services;
- Interpret the SCC's thoughts, perspectives and principles from a qualitative perspective and locate it in relevant subject literature;
- Reflect on the following: what is positive and needs to be accelerated? What is bad and needs to be fixed? What is missing and needs to be initiated; and
- Provide recommendations that could enable the SCC to advance its crisis intervention programme and facilitate sustained development.

1.5 IMPORTANCE OF STUDY

Crime, violence and victimisation have become normative within the South African context (Nel & Kruger, 1999). The resultant effect is that many South Africans require assistance to manage and deal with the impact of traumatic exposure. Counselling

and psychological services within the South African context is limited, potentially expensive and often inaccessible to the poor - who are disproportionately victimised.

One way to address the needs of victims of crime and violence, is through the establishment of one-stop multidisciplinary crisis centres that specialise in short-term crisis intervention service delivery. One such a crisis centre is the SCC.

To date the SCC has mainly been focussing on pragmatic service delivery. As such no research studies have been conducted at the SCC. This study could potentially assist in establishing a research culture at the SCC and promote further research. Additionally this study will assist the SCC to evaluate and take stock of its endeavours and address critical aspects related to continuous and sustained development via critical reflection.

The aforementioned can assist the SCC to establish and engage in a constant cycle of improvement. Subsequently the SCC could extend its knowledge to, among other, newly established community crisis centres.

1.6 OBJECTIVES OF CHAPTERS

To address the objectives and aims of this study several chapters will be utilised. The objectives of the individual chapters will now be presented.

Chapter 2

The purpose of chapter 2 is to contextualise the study in relation to relevant literature. Various aspects related to crisis theory, victim empowerment and fundamental concepts such as stress, coping, crisis, trauma and crisis counsellors will be clarified. Additionally constructs such as crisis intervention and protocols underpinning crisis intervention will be addressed.

Chapter 3

In chapter 3 I provide an account of my personal journey with the SCC. Additionally the study is placed against a pertinent background by presenting, discussing and reflecting on the SCC's regulatory system.

Chapter 4

The purpose of chapter 4 is to contextualise this study in a relevant research paradigm. Chapter 4 consequently provides an outline and discussion of the research approaches, strategies and procedures as applicable to this investigation. A triangulation approach was utilised to address the research aims. The research strategy draws from two research paradigms namely qualitative and participatory action research.

Chapter 5

The purpose of chapter 5 is to discuss the applicability of the research methodology, set out the unification of the data in terms of the triangulation approach and to analyse data collected from the semi-structured interviews. Themes and applicable sub categories that emerged from the data analysis are presented, discussed and integrated with relevant subject literature.

Chapter 6

In chapter 6 the conclusions to the study will be presented. Additionally, recommendations that could enable the SCC to advance its crisis intervention programme and facilitate sustained development aforementioned are provided. Lastly directions for further research are considered.

1.7 INTRODUCTION TO CHAPTER 2

In the next chapter the study will be contextualised in relation to relevant literature.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

South Africa is a country steeped in decades of conflict and animosity. Apartheid and its consequences do not simply die: it has created a society struggling for survival (Cochrane, De Gruchy & Petersen, 1991). While South Africans are trying to recover from a particularly vicious and oppressive political dispensation, daily stressors such as poverty, unemployment and crime are still rampaging through the country.

Against the backdrop of a country and its people still experiencing an extended social crisis (Cochrane et al., 1991), which includes a collapse in the norms and values of family life and a legacy of suspicion and division between people, these struggles are socially constructed through various forms of aggressive and violent behaviours (Hamber & Lewis, 1997; McKendrick & Hoffman, 1990; Nel et al., 2001), such as:

- Intentional acts of violence such as armed robbery;
- Unintentional acts of violence, for example witness to a motor vehicle accident;
- Hidden forms of violence such as domestic violence and childe abuse;
- Structural violence (unequal power relationships, for example racism); and
- High levels of retributive crime and vigilantism.

The negative psychological impact as well as the social pathologies resulting from violence has been well documented (Brewin, Andrews, Rose, & Kirk, 1999; Frederickson, Tugade, Waugh, & Larkin, 2003; Green, 1994; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Nel et al., 2001; Reeves, 1985; Sorenson & Golding, 1990). The negative consequences of violence are often exacerbated by dire social conditions, such as poverty and marginalisation that plague many South Africans. As a direct consequence numerous South Africans become overwhelmed with experiences that exceed traditional coping strategies. Thus the incidence of violence may well be the impetus for a crisis experience.

The purpose of this chapter is to contextualise the study in relation to relevant literature. Various aspects related to crisis theory and victim empowerment is emphasised. Fundamental concepts such as stress, coping, crisis, trauma and crisis counsellors will be clarified. Numerous aspects related to crisis and trauma will also be explored. The concepts of crisis intervention, protocols underpinning crisis intervention and empowerment will be addressed. Lastly the Victim Empowerment Programme and related concepts will be discussed.

2.2 UNDERSTANDING CRISIS AND CRISIS INTERVENTION: GOING BACK TO GO FORWARD

To develop an appreciation for modern day crisis theory I regard it an important task to delve into the historical origin thereof: going back to go forward.

2.2.1 Going back in history

According to Hendricks and Thomas (2002) the origins of modern day crisis theory are grounded in works mentioned in psychological and medical journals dating back to the 1920s. Such early research, conducted without the advantage of the overarching term *crisis intervention*, focused on diverse and apparently unrelated areas, such as *mental conflict,* Freud's *hysteria* and *acute grief reactions* (Hendricks & Thomas, 2002; Registered Nurses Association of Ontario, 2002).

Theorists such as Collins and Collins (2005), France (2001) and Janosik (1984) seem in agreement that, despite early historical references to medical writings, the origin of modern crisis theory dates back to the Coconut Grove Nightclub fire in Boston, Massachusetts, United States of America on the 28th November 1942. Four hundred and ninety three (493) people succumbed in the devastating blaze, many being trampled to death as they attempted to escape the flame engulfed nightclub. The fire was so overwhelming that it took nearly every fire fighter and police official in the city to deal with the vicious aftermath. This horrific incident, however, produced one of the most influential clinical studies on loss, bereavement and acute grief reactions (Lindemann, 1944).

Lindemann (1944) conducted interviews with bereaved relatives and survivors of the Coconut Grove fire. He observed that the clinical picture exhibited by survivors were remarkably identical: sensations of somatic distress, feelings of tightness in the throat

and chest, listlessness and subjective distress described as tension and pain. Lindemann identified five main characteristics of grief, including somatic distress, preoccupation with images of the deceased, guilt, hostile reactions and changes in behavioural responses. Lindemann's work is a classic in the study of grief reactions and is praised for describing and theorising that the aforementioned reactions were normal grief reactions. He did, however, warn against grief postponement and denial, which could develop into personality disturbances, morbid reactions and maladaptive behaviours. His three primary steps for coping after a loss is:

- Accepting the reality of the loss;
- Adjusting to life without the loved one; and
- Forming new relationships.

The Coconut Grove fire also raised some interesting questions regarding crisis intervention. The predominant belief at the time was that long-term expert care was the only effective intervention for emotional problems. In the post Coconut Grove fire period numerous non-expert community care workers were involved with short-term intervention programmes. Follow-up work proved that survivors evidently benefited from the short-term interventions (Collins & Collins, 2005).

Following the Coconut Grove tragedy Lindemann was joined by Caplan and continued crisis research. Caplan was one of the first crisis researchers to concentrate on the concepts *homeostasis* and *equilibrium*. According to Caplan (1961, 1964, 1976), people constantly employ coping strategies to maintain emotional equilibrium. He suggested that a crisis overwhelms an individual's normal problem-solving strategies and creates a state of disequilibrium associated with the inability to maintain emotional control. Caplan subsequently defined a crisis as a provoked upset state, in contrast to a person's steady state, that arises when confronted with a seeming insurmountable obstacle that threatens important life goals. He furthermore considered that survivors of severe crises had much better outcomes if they received immediate mental health assistance. Caplan subsequently became a pioneer by advocating preventative care, encouragement of a community-based mental health approach and emphasised achieving mastery over crises through utilising social, cultural and material resources required to avoid or combat crises (Caplan, 1961, 1964, 1976).

Caplan (1964) furthermore proposed a model of mental health consultation that has become the foundation of numerous crisis response programmes. His model involves a three-part approach to crisis intervention efforts:

- Primary care that focuses on reducing the incidence of crises through preventative measures;
- Secondary care that involves the immediate provision of assistance and intervention to individuals experiencing a crisis; and
- Tertiary care that aims to mitigate the long-term effects experienced by those directly and indirectly impacted by the crisis.

Caplan's three-part approach to crisis is thus a major contribution to crisis theory.

Research conducted by Erikson also contributed greatly to an enhanced understanding of the crisis concept. Erikson (1963, 1968) formulated a theory that personality develops throughout the life cycle and that there are important transitions between these stages. Tyhurst (1958) asserted that these transition stages could be periods of severe and prolonged stress, thus creating potential crises. Erikson (1963, 1968) further indicated that the life cycle consists of eight developmental transitions and that each transition presents the individual with opportunities or choices that range on a continuum from growth to debilitating crisis. Successful completion creates growth and unsuccessful completion creates a crisis. According to Erikson (1963, 1968), there are two categories of crises:

- Developmental crises, also known as *internal crises*, which involve physical, social and emotional changes that occur as a result of the natural aging process; and
- Accidental situational crises, also known as *external crises*, which involve trauma or unexpected loss triggered by an unpredictable situation that exceeds an individual's normal coping mechanisms.

Although these Eriksonian categories have been expanded and elaborated by other researchers, they are still primary classifications used today - thus a major contribution to modern day crisis theory.

Other important advancements in the study of crises include:

- Since actual or threatened death can initiate a crisis for both survivors and relatives, as shown by Lindemann (1944), subsequent research that focussed on grief and bereavement, made some important contributions to crisis theory. Bowlby (1960, 1969, 1973, 1980) grounded mourning within the psychoanalytic context that means it was a predictable (cause and effect) state associated with unresolved grief reactions of the past. He primarily focussed on work with infants and subsequently developed his well-known *Attachment Theory*. Bowlby described grief as an active and adaptive process that has four phases*:* numbness, yearning, disorganisation and finally, reorganisation.

  Emphasis is thus placed on grief resolution in order to alleviate pain, much like crisis intervention following crises. Later work by, among other, Kubler-Ross (1973, 2005) and Raphael (1983) expanded on these early theories.

- War studies have done much to create awareness and better understanding of crisis reactions (Barlow & Durand, 1998). During World War I the term *shell shock* was used to describe the severe emotional reactions combat soldiers exhibited. Similar emotional responses were observed during World War II and these were coined, among others, *battle fatigue* and *combat exhaustion*.

  Vietnam war studies were probably the most influential in addressing the concept of emotional reactions following stressful events by medicalising (allowing for diagnosis according to pre-determined criteria) the condition under the term post traumatic stress disorder (PTSD): “The diagnosis is a legacy of the American war in Vietnam and is a product of the post-war fortunes of the conscripted men who served there” (Summerfield, 2001, p. 95).

  Studies that examined the impact of being a prisoner of war in concentration camps provide evidence of the debilitating effects such experiences can have on survivors (Carson & Butcher, 1992). The work of Frankl (1965, 1967, 1969), however, produced a very different, almost spiritual, view of suffering and hardship in concentration camps.

- The introduction of PTSD as part of the Diagnostic and Statistical Manual of Mental Disorders III (DSM-III), as well as the revision thereof in DSM-IV and DSM-IV-TR, were major developments and advancements. It enhanced articulation by creating a conceptual language and understanding of subjectively judged overwhelming events by introducing the concepts trauma, traumatology and traumatic event, previously the domain of the medical field, into mainstream psychology.

- Psychological debriefing was first introduced during World War I and subsequently implemented during World War II (Litz, Gray, Bryant & Adler, 2002). Later Mitchell (1983) introduced psychological debriefing, more specifically critical incident stress debriefing, to the emergency care field (e.g. fire fighters and police officers). Mitchell (1983) asserted that emergency care personnel are not immune to stress reactions; rather they experience the normal physical and psychological reactions to stress. In my opinion as researcher Mitchell did much to normalise crisis reactions and create a paradigm shift away from narratives that have roots in the *John Wayne* mentality of *cowboys do not cry*.

- Parad and Parad (1990) developed and introduced various models, sequences and stages of crisis recovery. This provides valuable theoretical understanding of crises and can be utilised as guidelines within the counselling arena and stimulate further discussion and research.

- Figley (1983, 1995a, 1995b, 2004) emphasised the impact of crises and trauma on the families of victims and survivors as well as on counsellors. More specifically he was a pioneer in the study of secondary stress and traumatic reactions.

While crises are as much a reality today as it was in years gone by, the advent of instant world wide news coverage and globalisation has, among other, shattered the illusion of personal invulnerability and confronted all with the idea that a crisis can affect anyone at any particular time. The occurrence of crises has accordingly become a *real* threat.

2.2.2 Fast forward to the present: looking forward

On 9 September 2001 (9/11) the world stopped dead in its tracks. In a state of utter confusion bewildered people watched as two hijacked planes hit the World Trade Centre's twin towers in New York, United States of America (USA). Soon thereafter news followed that a plane crashed into the Pentagon outside Washington DC and reports came streaming in about a plane crash in Pennsylvania. This single terrorist operation produced more civilian causalities in a single day, than any other event in the history of the USA. For the first time in many generations, Americans and others all over the world experienced the fear, anger and sadness of living in a country, a world, at war. Images of horror filled living rooms for weeks at end. I can only assume that the Coconut Grove fire must have resembled 9/11, albeit on a much smaller scale.

Just as the world thought they could externalise their enemy, Al-Qaeda, the hand of nature intervened and the world stood in awe as the tsunami disaster struck the islands of Indonesia and other parts of Asia on 26 December 2004. Humanity was confronted with destruction and a death toll unheard of for many a generation. Numerous professional, welfare and non-professional care workers were involved in the *clean up* efforts. Again I cannot help but identify a subtle connection between the tsunami disaster and the Coconut Grove fire: humanity, expert and non-expert alike, needed to look after its own. Principles identified by Lindemann (1944), Caplan (1961, 1964, 1976) and others were finding expression again.

While such overwhelming events confront and challenge the whole of humanity, South Africans also face enormous challenges and social crises: a legacy of Apartheid and struggling political reforms, a high crime rate that often hits those most vulnerable the hardest, socio-economic hardships and an HIV Aids pandemic that threatens not only the primary disease carrier, but society as a whole. The synergistic force of these seemingly isolated challenges predisposes many South Africans to experience a crisis.

2.2.3 The common thread: connecting through danger, celebrating opportunity

Charles Darwin was once quoted as saying: “It is not the strongest of the species that survives, or the most intelligent, but rather the one most responsive to change” (Brock & Salerno, 1994, p. 5). While studying and reflecting on the historical overviews of crisis theory, a core element becomes apparent: *change*. Everyone is constantly affected by change: steady states, as Caplan (1961, 1964, 1976) described it in his classical definition of crisis, is constantly being challenged. Erikson (1963, 1968) and Tyhurst (1958) spoke about intra-personal changes that take place throughout the life cycle. World wars that disrupted world peace challenged the masculine image of *brave* soldiers and changed history forever. Even the precipitants of disasters change: 9/11 versus the tsunami disaster.

History provides rich examples that exemplify stressful cycles of change. Alongside the theme of change there is evidence of paradigm shifts: people are willing to adapt to change and subsequently change the way they *understand* the world in order to recreate homeostasis. This can be explained by referring back to Caplan’s (1961, 1964, 1976) crisis definition: people in crisis want to recreate a steady state. Could this have been one of numerous dynamics that drove World War II concentration camp prisoner and renowned psychologist Victor Frankl (Frankl, 1965, 1967, 1969) to find meaning within the depths of despair: to recreate a steady state?

To create a more meaningful definition of life and its extenuating circumstances it seems that humanity adapts to change:

- Prior to the Coconut Grove the *informed* knew the only way to treat *patients* who had been exposed to crises was through long term medicalised mental health care. Subsequent to the Coconut Grove fire most understood that non-experts play an important role in the crisis recovery process – currently in South Africa, volunteerism is being implemented as a core component in Victim Empowerment initiatives (Nel & Kruger, 1999, 2003).

- Masculinity discourses such as *cowboys do not cry* were challenged by, among other, World Wars I and II, the Vietnam War and Mitchell’s introduction of critical incident stress debriefing. Conditions that were previously labelled *hysteria* were now termed *shell shock*, *battle fatigue* and

soldier's heart. From a personal perspective the ideas of resiliency, such as *survivors* instead of *victims*, were already being socially constructed at this time.

In a sense people have, throughout history, been connecting through danger. Dangers, such as natural disasters and wars, have challenged the core assumptions humanity uses to construct reality. To adapt to change, i.e. to manage hardships, the almost unimaginable have been willed into existence: paradigm shifts have occurred in the ways humans understand and construct reality. This willingness to venture outside the simultaneous safety and danger of comfort zones has afforded humanity with great benefits: improved understanding and crisis intervention services. Throughout history humanity has been able to survive through adapting: connecting through danger, celebrating opportunity.

2.3 BASIC CRISIS CONCEPTS: THE BUILDING BLOCKS OF CRISIS THEORY

In this section some basic crisis concepts namely stress, crisis, trauma and intervention will be discussed.

2.3.1 Stress

Stress can be a life preserving energy (Jensen, 2007). As example, soldiers on the battlefield require the stress response in order to create the required physical, cognitive, emotional and behavioural energy to engage in battle. This creates a condition of steady expectation and, among other, primes a *ready-for-action* state. While stress can have a beneficial effect in short lived and life-threatening situations most people face different forms of stress in their daily lives. Whereas daily stressors can often be of a transient nature, the accumulation of stress can create an ever-increasing pressure. This can tax and eventually overwhelm a person's everyday coping mechanisms (Jensen, 2007).

2.3.1.1 Stress defined

Stress, which is considered omnipresent, is a function of the complex relationship between multifaceted demands and coping resources when people engage with one another and their environments (McMahon, 2000; Selye, 1974, 1980). It furthermore includes the totality of physical and psychological reactions when being confronted or

challenged by unpleasant stimuli (Plug, Louw, Gouws & Meyer, 1997). In other words, stress defines a person's reactions when attempts are made to manage daily demands that strain their adaptive capacities and creates a perceived or real threat to their general well being and/or important goals.

2.3.1.2 Causes of stress

To provide an exhaustive list of stress causing events is beyond the scope of this study. Much research have, however, been done in this particular field. Among other, Holmes and Rahe (1967) examined adjustment capabilities to numerous stressful events. Subsequently they developed the Life Events Scale. According to this scale the top ten stressors people face include: death of spouse, divorce, marital separation, jail term, death of close family member, personal injury or illness, marriage, loss of job through firing, marital reconciliation and retirement.

What is obvious from the Holmes and Rahe research is that even supposedly *good* stimuli can bring about high levels of stress. It should, however, be emphasised that perception of coping abilities play an important role in defining an event as stressful or not: what one person may experience as an overwhelming stressor might be of lesser importance to another. In essence stress can include any event or occurrence that people consider as having pertinence or threatening their important life goals.

2.3.1.3 The body's response to stress

According to Schulz, van Wyk and Jones (2000) perception of stress plays an important role in whether an event is defined as stressful or not. The authors furthermore indicate that three elements play a role in the way a person will respond to stress:

- Perception of the situation;
- Individual reactions to the situation; and
- Stress management strategies.

According to Selye (1965) the body's response to stress can be categorised according to three distinct stages, called the General Adaptation Syndrome:

- The first stage is the alarm reaction. When confronted by a demand that threatens traditional coping resources a physiological reaction prepares the body for action. Hormonal secretions give rise to what is generally known as the stress-response or the fight-flight reaction (McMahon, 2000). This causes muscle tone to become more rigid, breathing patterns are influenced, hands and feet become clammy and blood shifts away from the skin to other organs. These changes prepare the body for action: fight-flight.

- The second stage is termed adaptation or resistance. In the event that the stressor is still present after the initial threat the body will remain in an aroused state. Under ideal conditions the impeding threat starts to recede, the body reacts to the presenting demand and then returns to a level of *normal* stress by initiating the repair process.

- The third stage is termed exhaustion and occurs when the demand remains present. The body is constantly taxed by the stressful demands and diseases of adaptation begin to manifest. These include, among other, digestive disorders, skin conditions and heart disease.

2.3.1.4 Stress symptoms

Stress manifests itself through a variety of symptoms (McMahon, 2000; Nevid, Rathus, & Greene, 2000). Symptoms are typically expressed in a multidimensional manner, namely on an emotional, cognitive, behavioural and physical level. Examples include stress-related illnesses such as irritable bowel syndrome, heart attacks and chronic headaches.

2.3.1.5 Stress: positive or negative?

Selye (1974) states that stress can be either a positive (eustress) or a negative (distress) experience. Thus, it depends not so much on the process (i.e. being challenged by omnipresent demands) but on the complexities that define the particular situation (i.e. relationship between coping resources and demands). Stress can, for example, have a motivational impact (eustress) and provide the required leverage a person requires making an important life change. Problems arise when

people experience distress, struggle to cope with the presenting demands and the body continues functioning on a plateau of *abnormal* stress (Jensen, 2007).

2.3.1.6 Coping with stress

People, in their everyday life, function in a state of dynamic balance or equilibrium. This means that people experience the *good* and the *bad* of life and manage to stay resilient due to the presence of certain factors. These factors are called coping strategies.

Lazarus and Folkman (1984) refer to coping strategies as ever changing cognitive and behavioural ploys, aimed at managing subjectively judged stressful events that could exceed a person's available resources. Coping has two major functions, namely regulating emotions (emotionally focussed coping) and altering the person-environment relation where the stressful situation is contextualised (problem focussed coping).

Emotionally focussed coping involves actively seeking out measures that alleviate the immediate emotional impact of a stressor. This is can be done by either avoiding or minimising emotions, or by giving expression to emotions. Problem-focussed coping involves using problem solving skills as well as the acquisition of new skills to deal effectively with the source of a stressor.

Another concept, resilience, has been connected to everyday coping endeavors. Strümpfer (2003) states that the term *resilience* is derived from the Latin verb *resile*, which means that when a thing is compressed or stretched, it tends to spring back and resume its former size and shape. What this implies is that that those faced with stressful stimuli possess the abilities to reappraise, integrate and manage the stressful experience. Stressful events may also bring out properties that enhance growth in people (Strümpfer, 1995). Since a victim may experience a period of disequilibrium, he or she might initially not be able to recognise those abilities.

In summation it can be stated that many individuals engage in coping strategies that ordinarily result in effective stress management practices. Likewise, many individuals present ineffective coping strategies when confronted by stressful events. Regardless of the everyday effectiveness of peoples coping repertoires, some external stimuli could exceed coping strategies. The subgroup of people that present

deficits in everyday coping could thus find themselves even more vulnerable when facing extremely stressful events. Regardless of the specifics, a failure in coping mechanisms typically gives rise to a crisis.

2.3.2 The crisis concept

Crises are everyday facts of life and can occur periodically throughout the lifespan (Erikson, 1963) or may be triggered by either a single catastrophic event, such as the Coconut Grove fire referred to above (Lindemann, 1944). Alternatively it can be precipitated by the cumulative effect of a multitude of stressors (Holmes & Rahe, 1967).

2.3.2.1 Defining the crisis concept

Numerous researchers provide definitions for the term *crisis*. Roberts (2000) defines a crisis as a period of psychological disequilibrium experienced as a result of a hazardous event that constitutes an evidential problem that cannot be remedied by using traditional coping strategies. James and Gilliland (2001) define a crisis in a similar way: a perception of an event as an intolerable difficulty that exceeds the limits of a person's current coping resources and abilities. It thus seems that a crisis refers to a stressful event that a person perceives as being unmanageable. There are strong links between these definitions and the classic equilibrium definition proposed by Caplan (1961, 1964).

Caplan (1964) defined a crisis as a loss of equilibrium that arises when a person is confronted with a seemingly insurmountable obstacle that threatens important life goals. Roberts (2000), James and Gilliland (2001) as well as Caplan (1961, 1964) thus suggest that crises are severely stressful events that challenge coping resources, jeopardise an individual's sense of emotional homeostasis, create psychological distress and cause individuals to perceive themselves as unable to effectively manage the problem they are facing.

Roberts (1990) and Slaikeu (1984) affirm the idea that crises are not objectively identifiable entities, but are closely linked to a person's subjective interpretation of a stressful life event. That is to say the term *crisis* refers to a person's *perception of* and *distress about* the event and not the event *per se*. This train of thought is supported by Brammer (1985) who refers to a crisis as a complex event that

generally refers to an individual's reactions to the event, such as shock, anger and fear. A crisis is thus, in essence, a relational phenomenon that cannot be understood or resolved without attending to the complex nature of human experience, which include, among other, the social context and psychological make up of the person in crisis.

Kleepsies, Deleppo, Gallagher & Niles (1999) also define a crisis from the equilibrium perspective. They indicate that a crisis refers to an emotionally significant event that creates a "…serious disruption in a person's baseline level of functioning such that his or her usual coping mechanisms are inadequate to restore equilibrium" (p. 454). They further state that a crisis may also constitute a turning point for better or worse and this could imply, but is not absolutely indicative of, serious harm and life threatening danger. Slaikeu (1984) and France (2001) affirm this by indicating that two paradoxical characters make up the Chinese symbol for the term crisis. These characters are, *wei*, indicating a dangerous situation and *ji*, symbolising an opportunity for change. This makes sense when framing a crisis as a particular extreme form of stressor. Selye (1974) indicated that stress could have both motivating (eustress) and debilitating (distress) effects, much like a crisis.

Slaikeu (1990, p.15) adds that a crisis is a "…*temporary state* [my emphasis] of upset and disorganisation…" Caplan (1961) supports this statement by indicating that a crisis is too intense and chronic to be longstanding. Equilibrium is usually restored within 4-6 weeks whilst crisis resolution could take much longer (Roberts, 2000).

What becomes evident is that there are a number of features that characterise and define crises. According to Hill (1949, 1958), theories of crisis operate within a number of variables:

- The event(s) that trigger(s) the crisis (the event on its own is normally not sufficient to trigger a crisis);
- Personal system of meaning which is activated when the stressor occurs;
- Resources at a person's disposal; and
- The actual person and the predisposing factors influencing him or her at the time of the acute threat. Predisposing factors may include heredity, personality, level of basic tension, self-control (locus of internal or external

control), people's ability to adapt to their environment and physiological health.

France (2001) notes that crises, though uniquely manifested on an individual level, share numerous common characteristics. Nel et al. (2001) as well as Slaikeu (1984) also discuss some common characteristics of crises. These characteristics include:

- Crises are precipitated by some identifiable event. This will, most probably, involve an external stressor;
- Crises are normal. Given the contextual rules of the crisis situation, the crisis reaction (disorganisation and disequilibrium) is considered normal. Furthermore the crisis situation is experienced normal in the sense that any individual can be assumed vulnerable to such an occurrence;
- Crises are personal. What one person regards as an innocuous occurrence, another might experience as an overwhelming crisis;
- Crises are time-limited. The basic assumption is that crises are too intense and chronic to be longstanding; and
- Crises present opportunity as well as danger.

Based on the aforementioned discussions a crisis can be defined as follows: a period of temporary and intense psychological and emotional disequilibrium, which offers both opportunity and danger, resulting from a subjectively defined obstacle that constitutes an evidential problem that cannot be remedied by utilising traditional coping strategies.

2.3.2.2 Types of crises

Numerous theorists (Aguilera, 1994; Collins & Collins, 2005) differentiate between two broad categories of crises:

- Developmental crises refer to stress and anxiety associated with the physical, social and emotional changes that occur as a result of life-stage transitions. Life-stage transitions often relate to meeting the demands and resolving the tensions of a new stage (Erikson, 1963, 1968). Examples include the transitions from pre-puberty to adolescence and from adulthood to old age.

- Situational crises refer to sudden and unexpected events, with the most salient feature being it's environmentally initiated or man-made origins. Situational crises typically fall into one of the following three categories:
    - Man-made crises, such as violent crimes and terrorist attacks;
    - Accidental crises, such as motor vehicle accidents and fires;
    - Natural disasters, such as floods and earthquakes.

2.3.2.3 Impact of crises

As discussed in Section 2.3.2.1., the Chinese word for the term crisis is represented by two paradoxical characters namely, *wei*, indicating a dangerous situation and *ji*, symbolising an opportunity for change. Consequently the impact of a crisis experience needs to be examined in terms of potential negative and positive outcomes.

2.3.2.3.1 Negative outcomes of crises

Crises can have severe negative and debilitating psychological effects. Nel et al. (2001) explain that human behaviour consists of different psychological responses. These are categorised according to three modalities namely cognitive, affective and behavioural activities (McMahon, 2000; Nel et al., 2001). In addition, physical reactions can be added. Common crisis reactions are presented in table 2.1.

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIOURAL
Fatigue	Blaming someone	Anxiety	Change in activity
Nausea	Confusion	Guilt	Change in speech patterns
Muscle tremors	Poor attention	Grief	Withdrawal
Twitches	Poor decisions	Denial	Emotional outburst
Chest pain	Heightened or	Severe panic (rare)	Suspiciousness
Difficulty breathing	lowered alertness	Emotional shock	Change in usual
Elevated blood	Poor concentration	Fear	communications
pressure	Memory problems	Uncertainty	Loss or increase of appetite
Rapid heart rate	Hypervigilance	Loss of emotional	Alcohol consumption
Headaches	Difficulty identifying	control	Inability to rest
Visual difficulties	familiar objects or	Depression	Antisocial acts
Vomiting	people	Inappropriate	Non-specific bodily complaints
Grinding of teeth	Increased or	emotional response	Hyper alert to environment
Weakness	decreased awareness	Apprehension	Startle reflex intensified
Dizziness	of surroundings	Feeling overwhelmed	Pacing
Profuse sweating	Poor problem solving	Intense anger	Erratic movements
Chills	Poor abstract thinking	Irritability	Change in sexual functioning
		Agitation	

Table 2.1: Common crisis reactions

2.3.2.3.2 Abnormality and pathogenesis: excluding the positive impact of crises

Throughout history *abnormality*, also referred to as *pathogenesis,* has been a major focus of psychological research (Myers & Sweeny, 2003, 2005; Myers, Sweeny & Witman, 2005). There were, however, researchers and theorists who recognised this one-dimensional pathogenic perspective and proposed more holistic theories of human behaviour. Among other, Jung (1960) reiterated the continuous potential for human development towards an integrated self. Likewise Frankl (1965, 1976), Maslow (1970) and Rogers (1961, 1987) emphasised the positive potential and abilities of humans.

Yet, it was not until the 1970's that the first *bona fide* works on health and wellness appeared. This new paradigm evolved mainly from the salutogenic works published by Antonovsky (1979, 1987).

Crisis and traumatology research and literature followed suit by, for the most part, accentuating *abnormality*. Researchers have, for instance, identified, studied and

written about post traumatic stress disorder (Kilpatrick & Acierno, 2003; McNally, Bryant & Ehlers, 2003), suicidal ideation (Sorenson & Golding, 1990), substance abuse (Resnick**,** Kilpatrick, Dansky, Saunders & Best, 1993), changes in religious beliefs (Falsetti, Resnick & Davis, 2003) and increased retributive crime and repeat victimisation rates (Nel et al., 2001).

Not surprising then that Eyre (1998) speaks critically of the small number of studies that attend to the constructive outcomes of being disaster (or crises) victims. Linley (2003) as well as Linley and Joseph (2004) seem in agreement by stating that adversarial growth, an important area of crisis and trauma research, has been neglected. By denying the existence of adversarial growth and only punctuating negative sequelae, a biased understanding of post crisis reactions is presented.

Researching the *abnormal* and *pathogenic* has primarily been conducted from the theoretical perspective of the medical model.

2.3.2.3.3 Pathogenesis

The tendency to focus on the negative or psychopathological aspects of psychological constructs is referred to as pathogenesis. Pathogenesis is based on the assumptions of the medical model. The medical model's theoretical frame of reference adopts a curative perspective: identifying, diagnosing and treating disease causing pathogens. While the medical model has, from a historical point of view, had significant influence on the treatment of psychological illness, it has been criticised by numerous researchers.

Among other, Antonovsky (1979, 1987), Seligman (2002), Strümpfer (1995, 2002) and Violanti (2001) have stated that the medical model, with its one dimensional focus, ignores the positive aspects and potential of human development. In other words, it regards humans as reactive victims who are helplessly controlled by forces external to their control in need of medical treatment by experts. Seligman and Csikszentmihalyi (2000) add in this regard that behavioural problems, such as violence, can not be prevented by working from the pathogenic paradigm or medical model alone.

Such criticism has contributed to the rise of the salutogenic orientation.

2.3.2.3.4 Salutogenic orientation

Antonovsky (1979) researched the origins of health and a move away from the pathogenic paradigm. He subsequently coined the phrase *salutogenesis*. A salutogenic orientation emphasises a move away from the medical model towards a study of factors that enable individuals to live psychologically healthy lives despite stress being ubiquitous (Antonovsky, 1979). He subsequently views wellness and disease, contrary to the medicalised dichotomy of healthy and sick individuals, as existing on a continuum. Individuals fall somewhere in between the extremities of complete health and death.

Two elements are central to Antonovsky's work, namely generalised resistance resources (GRR) and sense of coherence. GRR's include any characteristic of the person, group, subculture, community or even society that facilitates the process of coping with, managing, avoiding or combating stressful events (Strümpfer, 1995).

Strümpfer (1995) provides the following examples of GRR's: artefactual material (e.g. money, shelter, and food), cognitive factors (intelligence and knowledge), interpersonal-relational aspects (social embeddings and social support) and macrosociocultural factors (rituals and religions). From this perspective the assumption is made that stress is omnipresent and that certain resources are crucial to deal with the potential negative consequences associated with stress (Johnson, 1995). An implication is that the poor, who are often deprived of such protective factors, could be disproportionately affected (Kosa, Zola & Antonovsky, 1969). Antonovsky (1972, 1979, 1987) supports this view by stating that deficient GRR's could lead to disease susceptibility. Numerous researchers (McKendrick & Hoffman, 1990; Louw & Shaw, 1997; Nel & Kruger, 1999, 2003) indicate that many South Africans are disproportionately victimised because their communities lack, among other, the required victim support resources, services and infrastructure. Victim support resources and services could be described as GRR's.

In essence, GRR's thus assist individuals to make sense of the myriad of stressful events that they could experience on a daily basis. It is through constant stressful confrontations and making sense or finding meaning in such circumstances that individuals develop a strong sense of coherence.

Sense of coherence (SOC) refers to a global belief that stimuli, presenting it from the internal and external environments, are comprehensible, structured and understandable, that persons believe they have the required resources to effectively manage such stimuli, that these stimuli or challenges are meaningful and require sensible attention (Antonovsky, 1985, 1987). SOC can thus be described as a coping resource that is presumed to mitigate life stress by influencing a person's cognitive and emotional appraisal of stressful stimuli. A person with a strong SOC interprets stressful events as manageable, meaningful and predictable. Such individuals will furthermore view stressors as challenges and seek out appropriate resources, or GRR's, to manage it.

A dynamic and reciprocal relationship exists between GGR's and SOC. A strong SOC could allow people to mobilise and seek out GRR's and this will, reciprocally, strengthen SOC.

In the salutogenic tradition numerous researchers have identified metaphors of strength (Coetzee & Cilliers, 2001). These include, among other, salutogenesis, SOC and GRR (Antonovsky, 1979, 1987), fortigenesis (Strümpfer, 1995, 1999, 2003), psychological well-being (Smith & Carlson, 1997; Strümpfer, 2001), existentialism (Frankl, 1969, 1984; Maslow, 1968, 1970; May, 1977; Rogers, 1961), the hardiness personality construct (Kobassa, 1979, 1982; Maddi & Khoshaba, 1994), learned resourcefulness (Rosenbaum, 1988), locus of control (Rotter, 1966, 1975, 1996), potency (Ben-Shira, 1985), self efficacy (Bandura, 1977, 1982) and religion (Levin, 1996).

2.3.2.3.5 Salutogenesis and pathogenesis

In the above sections the paradoxical concepts salutogenesis and pathogenesis were discussed. Whereas the pathogenic paradigm seeks to treat disease, the salutogenic approach takes the view that disease and stressors are inevitable and that individuals can actively pursue adaptive strategies to manage a stressful life (Antonovsky, 1987). Salutogenesis thus locates human behaviour in a positive frame of reference by seeking to understand how individuals live meaningful lives, promote health and experience growth within a context of all pervading stress. On the contrary, the pathogenic approach seeks to rid individuals of disease causing agents.

The salutogenic and pathogenic paradigms may seem mutually exclusive at first. However, the salutogenic and pathogenic models reiterate the importance of appropriate paradigm shifts. Antonovsky (1985) seems to underscore such an analysis by pronouncing the salutogenic approach an innovative and necessary shift from the traditional pathogenic paradigm. He furthermore emphasises a complementary approach to pathogenesis *and* salutogenesis in order to create a comprehensive understanding of wellness and disease.

This aforementioned has implications when contemplating the crisis concept.

2.3.2.3.6 Crises: salutogenic, pathogenic, or both?

From the salutogenic perspective the assumption is made that life is stressful, but that humans have the required resilience to live psychologically healthy lives. As mentioned previously in this text, the term *crisis* denotes two divergent meanings, namely opportunity and danger. Currently, crisis research tends to focus mostly, but not exclusively, on the pathogenic aspects of post crisis functioning. This implies that emphasis is mostly placed on the *danger* aspect of the crisis term.

Against this background, Strümpfer (1995) observes that although many South Africans are faced with adverse conditions, fortitude assists them to live despite the agonies. Strümpfer furthermore states: “To deal with bleak and dismal phenomena, one needs a philosophy of life - and a psychology - concerned with strengths and their origins” (1995, p. 87).

My interpretation of the above is paradoxical in nature: despite pathogenic responses being common to post crisis conditions, salutogenic opportunities are being created. In other words, the occurrence of a crisis event creates a context where, among other, resilience is required to facilitate empowerment. Pathogenic, or danger, and salutogenic, or opportunity, responses can thus take place simultaneously. Collins and Collins (2005) provide support for this interpretation when they state that the concepts pathogenesis and salutogenesis are not mutually exclusive.

I conclude that metaphors of strengths might not be overtly expressed in the aftermath of a crisis, but could be present. In other words a *masked resilience* seems detectable. By identifying such strengths and including these in the potential impact or outcomes of a crisis, a context can be created where strength and resiliency are

concretised (Greene, Lee, Trask, & Rheinscheld, 2000). So doing, the potential is created for clients to tap into their sense of resiliency, enabling them to place the crisis event alongside other meaningful life events.

On the other hand, by not identifying constructs of resiliency a context could be created where clients are assisted to tap into their sense of pathogenesis. This implies that the crisis victim is *requested* to assume a victim role, versus the role of a survivor. Summerfield (2001) and Violanti (2000) warn that it should be guarded against an advantageous sick role as well as pathogenic and medicalised victims in contrast to feisty survivors. The authors furthermore explain that distress or suffering should not necessarily be regarded as psychopathology: such a label should be guarded for incidents of extremity.

In view of the arguments thus far, I would propose that crisis counsellors punctuate the impact of a crisis from both pathogenic and salutogenic frameworks. During the course of the literature overview, it became increasingly clear to me that not all approaches are applicable to everyone, since theories have different implications, depending on the emphasis or motivation, personality or developmental theories, or other aspects. There is a realisation of the limitations of *all* approaches – the realisation that humans are such complex beings that few theories, if any, would ever do them justice and that we personally really have no option but to work from a *both / and* perspective when dealing with people.

Basic to the above arguments, is an assumption that human social systems are paradoxical in nature. A crucial task then is to look for paradoxes so as to discover apparent contradictions in relationship. We have to realise that we are being pulled in two directions at once and that we often need to pay attention to two different and apparently opposed poles of thought (Rappaport, 1981). A focus on the pathogenic and salutogenic responses shows us the paradox involved. Actions that operate from this type of dynamic tension, giving attention to one truth in such a way that attention then immediately be given to its counterpart are considered as paradoxical. Each pole of thought therefore should be considered as complementary rather than alternative and supportive rather than opposite.

When considering the paradox involved between pathogenic and salutogenic responses following a crisis experience, I come to the following divergent conclusions:

- A context is created whereby tearing down (negative aspects of the crisis) and acknowledging the danger aspect of a crisis, the opportunity for growth and psychological well-being is created;
- Crisis is a conceptual construct marked by dichotomies: vulnerability and self-determination; fear and courage; etc;
- Crisis clients are more than the sum of their negative crisis sequelae and pathological labels. They are human beings living in a stressful world, where their strengths could allow them to overcome life pressures; and
- Assessing both pathogenic and salutogenic responses to a crisis, creates the opportunity to meet crisis victims where they are in terms of the pathogenic-salutogenic continuum. This allows the counsellor to create a context where clients can identify their own strengths and integrate the crisis occurrence into their basic fabric of life.

2.3.2.4 Crisis Intervention

Hoff and Adamowski (1998) state that intrinsic to the human condition is the truism of a community's recognition, that most individual members cannot manage stressful or traumatic life events alone if the goal is to avoid potential pathologies or fatal conclusions. This idea is also conveyed by Call (in Aguilera, 1994) who explains that humans are predisposed towards social, emotional and physical interaction and support for each other during times of crises for the purpose of the survival of the species. Thus, in order to maintain a sense of equilibrium and minimise the probability of future physical or emotional deterioration, humans seem inclined towards support services for their fellow men and women. Crisis intervention involves such a support service and an immediate response to the resolution of an urgent problem (Hoff & Adamowski, 1998).

2.3.2.4.1 Defining crisis intervention

According to Hoff and Adamowski (1998, p.13): "Crisis intervention is not merely a 'Band-Aid' version of psychotherapy. It is an organised approach to helping distressed people…". Plug, Louw, Gouws and Meyer (1997) define crisis intervention as a short term helping process aimed at providing immediate relief of acute and

pressing symptomology. Other researchers, such as Aguilera (1994) and Gillis (1994), also affirm this *immediacy of intervention*-statement.

Jacobson (1980) describes crisis intervention as an approach that is based on theory and which aims at definitive resolution of crisis in order to restore an optimal level of functioning. In addition, it involves ready access to resources of help without delay or waiting lists, time-limited treatment usually lasting no more than four (4) to six (6) weeks and often requires, in some of its forms, a high level of professional skill. Furthermore crisis intervention emphasises an attempt to restore equilibrium (Janosik, 1984) through a problem-solving approach (Aguilera, 1994) and connecting those in crises to, among other, social and community support structures (Caplan, 1976; Slaikeu, 1984).

In summation, crisis intervention provides the opportunity, mechanisms and tools for change to those who are experiencing psychological disequilibrium and *danger*; those who are feeling overwhelmed by their current situation and who have experienced a failure of everyday coping mechanisms. Crisis intervention is a process by which a crisis counsellor intervenes with individuals in crisis in order to restore balance and reduce the negative residual effects in their lives. The individual is then connected with a resource network to strengthen the change. Thus, as the Chinese characters so eloquently suggest, crisis truly holds the opportunity for change.

2.3.2.4.2 Aims of crisis intervention

The United Nations (Handbook on Justice for Victims, 1999) stipulates that crisis intervention should seek to satisfy three important aims, namely:

- Ensure physical and emotional safety of those in crisis;
- Provide them the opportunity to ventilate and to reassure those in crisis of the validity of their emotions and reactions; and
- Prepare victims for the potential consequences and aftermath of crises.

France (2001) discusses five guiding principles of crisis intervention. These guiding principles provide additional information regarding the aims of crisis intervention:

- Restoration or improvement of coping - crises are distressing and time limited experiences. In other words, the state of intense emotional disequilibrium is managed, for the better or the worse. Crisis intervention is a set of techniques intended to limit the intensity and duration of the crisis event. The minimum goals of crisis intervention are the alleviation of the crisis victim's immediate problems and restoration of a pre-crisis baseline level of functioning. The optimal outcome of crisis intervention is a learning or growth experience.

- Immediacy - this means that immediate problem-solving assistance is provided. This act of immediacy takes advantage of the individual's motivation and readiness to attend to the presenting crisis as well as to prevent further exacerbating problems.

- Client competency - emphasis should be placed on the client's own restorative powers in dealing with the crisis. This implies clients should be allowed to make their own decisions. Caution should, however, be exercised when dealing with individuals who seem to be severely incarcerated and as a consequence cannot make their own decisions.

- Secondary prevention - crisis intervention efforts can be directed at three levels namely primary, secondary and tertiary levels. Primary prevention emphasises the skills required to avert crises even before the harmful effects are produced. This is most often done through education campaigns.

  Secondary prevention focuses on problems during its early stages, thereby reducing the potential negative effects. An example hereof might include Life Skills training for HIV Aids infectees to manage their status appropriately.

  Tertiary prevention attempts to ameliorate the residual effects of the presenting crisis by, for example, having crime victims attend ongoing group therapy meetings to resolve the crisis.

- Focus on problem solving - since crisis intervention is a short term helping process, the goal should be to assist people in crisis to restructure their coping levels in an appropriate manner within a short space of time. Ideally the timeframe should be set between one and six sessions.

2.3.2.4.3 The process of providing crisis intervention

Researchers such as Aguilera (1994), Gilliland and James (1993), Roberts (1990) and Slaikeu (1990) all provide guidelines, models and thoughts on the process of crisis intervention. From these and other models, two common elements seem to emerge: assessment and intervention.

Assessment is intended to furnish both the crisis counsellor and the person in crisis with a basic understanding of the crisis event. This includes, among other, an understanding of the crisis precipitating event and circumstances, needs, strengths and deficits of the person in crisis as well as the recovery environment (Collins & Collins, 2005). Based on this assessment an informed definition of the presenting problem can be formulated. An adequate problem definition sets the stage for intervention.

The intervention component is levelled at constructing a strategy that could assist persons in crisis to manage the presenting problem with a resourceful set of coping strategies. As with assessment, numerous researchers have proposed different intervention models (Aguilera, 1994; James & Gilliland, 2001; Roberts, 1990, 2000).

The approach taken to crisis intervention will be influenced by, among other, the organisation and context from where service is being delivered as well as the theoretical basis or protocol underpinning the crisis intervention approach.

2.3.2.4.4 Protocols underlying crisis intervention services

According to the Handbook on Justice for Victims (1999) most crisis intervention initiatives are based on two prominent protocols, namely critical incident stress debriefing and the chronological model. In addition to this Gilliland and James (1993) make note of three basic crisis intervention process models, namely the equilibrium model, the cognitive model and the psychosocial model.

2.3.2.4.4.1 The critical incident stress debriefing model

Jeffrey T. Mitchell formulated the well-known critical incident stress model (CISD) (Mitchell, 1983). CISD aims to mitigate the psychological impact of a traumatic event

and accelerate recovery from acute symptomology that may manifest in the wake of a crisis (Dyregrov, 1989; Everly, Latting & Mitchell, 2000). The CISD model is a seven phase process structured to follow non-threateningly from a cognitive, to a more emotionally-based and back to an educative and cognitive process.

Diverse views have been expressed regarding the effectiveness of CSID and the use of single session debriefing has been criticised by numerous researchers (Campfield & Hills, 2001; Conlon, Fahy & Conroy, 1999; Everly et al., 2000; van Emmerik, Kamphuis, Huisbosch & Emmelkamp, 2002). From my understanding CISD is often researched as a method to prevent post traumatic stress disorder (PTSD) (Ehlers & Clarke, 2003; Rose, Brewin Andrews & Kirk, 1999). The difficulty with this approach is that not all people who were exposed to a severely stressful event will develop PTSD. Numerous factors play a role in the development of PTSD (Brewin Andrews & Valentine, 2000; Schnurr, Lunney & Sengupta, 2004). Additionally, from my own subjective perspective as SCC counsellor and researcher, there are so many complex variables related to crisis recovery that the restricted study of a single component, the intervention model, does not provide an effective map of the territory. Crisis recovery is a process of emotional change that involves the influence, to varying contextual degrees, of among other, the crisis victim, counsellor and the context where the event is embedded - all elements that cannot be precisely mapped out.

2.3.2.4.4.2 The chronological approach

The chronological approach aims to create a problem-solving framework. The victim is assisted to reappraise the crisis event through a series of questions that examines the dynamics of the crisis event and experience: what had occurred, how the person reacted and the ensuing response. All this is focussed on generating new and more adaptive coping strategies.

The chronological approach is a relatively clear-cut and short-term crisis intervention process that assists the person in crisis to formulate a structured understanding of the occurrence. In other words, a *crisis story* is formulated. Furthermore, the chronological approach emphasises the re-establishment of equilibrium (Caplan (1961, 1964) by re-introducing a sense of structure into the victim's disrupted level of functioning. Lastly the chronological approach can be facilitated by most trained non-expert crisis intervention workers.

However, in addition to the aforementioned, it could be argued that the chronological approach might not be substantially adequate in addressing a complex crisis. A complex crisis refers to a situation where the crisis event is not a single and *simple* event, but rather a continuous and prolonged event that could be exacerbated by, among other, numerous components of the crisis experience (e.g. suddenness, intensity and duration) and the individual's psychological make-up (e.g. prior crises exposure, coping repertoire and other existing psychological conditions). Such a complex crisis might require long-term and expert intervention based on sound psychological theory in order to initially address the pressing and immediate crisis-aspects and attend to the *less pressing* components at a later stage.

This criticism links strongly to the overall criticism levelled against CISD: the aims should not be the interpretation of psychological content, but rather creating an understanding of what had happened and then either allowing the persons in crisis to tap into their own resilience reservoir or making use of appropriate referrals for further psychological intervention, all depending on the presenting needs of the person in crisis. The chronological approach should thus, at its core, emphasise adequate assessment of the problem in order to facilitate proper referrals to, among other, mental health professionals, should that be required.

2.3.2.4.4.3 Equilibrium model

The underlying assumption of the equilibrium model is that people, all things being equal, function in a state of dynamic equilibrium (Caplan, 1961, 1964). A crisis experience disrupts this equilibrium state and disequilibrium ensues. In subsequent attempts to restore equilibrium, traditional coping strategies prove unsuccessful. Consequently, the aim of crisis intervention, from this theoretical perspective, is the restoration of equilibrium. This model is most relevant during the adjacent aftermath of a crisis experience.

Although the crisis state and intervention protocols can be conceptualised in different ways by different theorists, one common theme that seems to emerge is that of the *equilibrium* concept. This reiterates the groundbreaking work done by Caplan (1961, 1964) as well as the usefulness and validity of this theoretical approach. Most theorists (Aguilera, 1994; Caplan, 1961, 1964; Roberts, 1990) agree on the following as central crisis characteristics:

- There is an initial loss of equilibrium;
- Equilibrium is re-established in the post crisis state; and
- An opportunity for growth exists.

I conclude that the equilibrium model provides a holistic view of the crisis event. In other words, it provides a generic model for crisis intervention that permits the intervention process to be suited to the victim's specific needs. This seems to be a very useful framework especially when considering that it has been argued that crisis intervention has no unifying theoretical framework (Smith, 1977). In a sense the equilibrium model can be utilised as a configuration framework to understand the *road to recovery* as well as to incorporate a client-specific intervention. The term *configuration* is used to convey the idea that a crisis involves a series of interlocking sequences or phases that ranges on a continuum from equilibrium to disequilibrium.

2.3.2.4.4.4 Cognitive model

The cognitive model is grounded on the premise that the significance of life events, such as crises, can be understood from different perspectives. Irrational one-sided thinking patterns are, to a degree, accountable for the crisis experience and not only the event *per se*. An example hereof is evident when a substantial cross section of a community is exposed to an objectively parallel crisis event and individual reactions are markedly diverse: the cognitive interface, among other, between the event and mental processing is thus of primary significance (Hamber & Lewis, 1997; Scott et al., 1995).

The basic assumption, from a crisis intervention perspective, is that when individuals can understand the event from diverse angles and adopt an adaptive perspective that emphasises a rational interpretation of the event and self-enhancing thoughts, they can gain cognitive control of the situation. The cognitive perspective's assumption seems, somewhat ironically, to absorb the crisis concept's *danger* and *opportunity* paradox. The cognitive model seems most appropriate for individuals who have re-established a sense of equilibrium in their lives.

While the cognitive perspective provides a sound theoretical underpinning and a comprehensive therapeutic methodology (see Freeman & Dattilio, 1992; Scott et al.,

1995) for the crisis counsellor to work from, its applicability to community based crisis centres in South Africa could be limited. As the name suggests, community based crisis centres are often managed by community and volunteer workers who are not professionally trained in therapeutic methodology. A basic assumption is that volunteers, not necessarily schooled in psychological thought, are apt to provide first line crisis intervention services due to their generic predisposition to help their fellow man and woman. However it should be emphasised that such volunteers deliver **first line crisis intervention** and not expert mental health care or therapy. First line crisis intervention will emphasise practical and emotional support and not the interpretation of emotional content, reframing cognitive distortions, uncovering repressed material and traumatic content, or desensitising and changing entrenched defensive behaviour - the domain of specialised trauma therapy.

2.3.2.4.4.5 Psychosocial transition model

The psychosocial transition model postulates that a dynamic interrelationship, marked by constant change, exists between individuals and their environments. Consequently crises are not marked by simplistic dynamics. Rather, it is a function of a complex interrelationship of internal (individual) realities, external (environment) realities and the forceful tension between these variables. From this theoretical position the persons in crisis are thus perceived in terms of their subjective internal responses as well as the context where relevant experiences are embedded.

The psychosocial transition model thus focuses on facilitating awareness and understanding of the aforementioned dynamics as well as on the coping strategies (internal and external) utilised to manage the situation. Next, the supportive, or most probably unsupportive, roles of these coping strategies are examined and aimed at synergistic empowering coping responses (internal and external).

As stated previously the role of first line crisis intervention is focussed on practical and emotional support. Such levels of support are aimed at assisting victims to help themselves. The question I ask myself, is whether the psychosocial transition model is relevant within a non-professional volunteer-based crisis intervention initiative? While I conclude that this approach addresses a multitude of complex internal and external crisis variables, I position the psychosocial transition model within the domain of trauma therapy and not first line crisis intervention.

2.3.3 Traumatic incidents

The *trauma* concept is derived from a Greek word meaning *wound*. While traditionally regarded as the domain of the medical field, trauma has entered the vocabulary of not only mainstream psychology, but also everyday society.

2.3.3.1 Defining trauma

Different theorists have defined the term *traumatic event* in diverse ways. Plug et al. (1997) define a traumatic event as any psychologically unpleasant event that has a long lasting negative influence on the personality development of a person. Collins and Collins (2005) state that a traumatic event is a particular kind of crisis: so extreme, sudden and powerful that it can overwhelm a person's sense of safety and security. They furthermore add that traumatic events can be short term (single and extreme event, such as rape) or long term in nature (prolonged or repeated exposure, such as a continued cycle of domestic violence and physical abuse).

Hoffman (2000) quotes and cites numerous theorists and states that a traumatic event can be defined in three different ways, namely:

- Symptoms - the event *per se* might be the cause or impetus for the trauma, but the individual reactions, thus internal psychological processes, determine whether an event is traumatic or not;
- Type of precipitating events - the event has to be an external stressor (i.e. originates from the environment) and of an intense nature (i.e. sudden, extreme, arouse fear and extreme); and
- Phenomenological perspective - an event is regarded as traumatic when and if a person loses the sense that a safe place exists, be it internal or external, to deal with frightening emotions and experiences. A resultant experience of helplessness develops where the person believes that one's own actions have no bearing on external circumstances. This perspective presents close links with the concept *learned helplessness*. Martin Seligman first described the concept of learned helplessness when he discovered that dogs and rats became very helpless when the attribution was made that their behaviour had no effect on their environment (Barlow & Durand, 2001). Seligman drew some important conclusions from these observations regarding humans. People

can become helpless and depressed when facing situations where they think they have no control over the external environment (Abramson, Seligman & Teasdale, 1978).

According to the Diagnostic and Statistical Manual of Mental Disorders IV-TR (APA, 2000), a traumatic event is defined by the following criteria:

- A person experienced, witnessed, or was confronted with an event or events that involved actual or perceived threat of death or serious injury, or a threat to the physical integrity of self or others; and
- The person's response involved intense fear, helplessness or horror.

The aforementioned definition thus states that a traumatic event can be regarded as exposure-related fear that renders a person helpless and great danger is involved. The DSM-IV-TR (APA, 2000) definition is both event-centered (provides criteria for the type of event that can precipitate a traumatic event), person / symptom-centered (provides criteria for the types of reactions that a person must express) and includes the phenomenological experiences related to trauma.

Consequently trauma can be defined as a psychologically unpleasant event (Plug et al., 1997) that is an extreme and powerful crisis (Collins & Collins, 2005) that can bring about reactions of helplessness and seeming unmanageability (Abrahamson et al., 1978).

2.3.3.2 Impact of traumatic events

Numerous aspects play a role with regards to how a traumatic event will affect a person. Among other the severity of the traumatic event, previous traumas and general life stress, cognitive factors such as negative appraisals and feelings of mental defeat, gender, age, pre-existing psychological problems, familial trauma and lack of social support as well as socio economic status play a role (Brewin, Andrews & Valentine, 2000; Schurr, Lunney & Sengupta, 2004). In addition hereto the relationship between such predictors creates even more complexities.

Regardless of the aforementioned, people who have experienced a traumatic event seem to present some universal, though unique variance, of reactions. The DSM-IV-

TR (APA, 2000) defines these as intrusive, avoidance and increased arousal reactions. It includes the following:

- Intrusive recollections in the forms of images, thoughts and perceptions;
- Recurring and distressing dreams and nightmares;
- Acting as if the event is recurring through flashbacks, hallucinations and illusions;
- Psychological distress when exposed to internal or external cues that symbolise or resemble an aspect of the traumatic event;
- Physiological and/or psychological reactivity on exposure to cues that symbolise or resemble an aspect of the traumatic event;
- Avoidance of thoughts, feelings, conversations, activities, people, or places associated with or arousing recollections about the traumatic event;
- Inability to recall important aspects of the traumatic event;
- Diminished interest or participation in important activities;
- Detachment / estrangement from others;
- Restricted range of affect;
- Foreshortened sense of future;
- Sleeping difficulties;
- Irritability or outbursts of anger;
- Difficulty concentrating;
- Hyper vigilance; and
- Exaggerated startle response.

While the above pathogenic impacts of traumatic events have been well documented, I cannot but help to reflect back on the paragraphs I noted down in section 2.3.2.3.6: Crisis: salutogenic, pathogenic or both.

2.3.3.3 A salutogenic perspective of traumatic events

Everyday life is stressful and even traumatic, yet people do not automatically collapse and die (Antonovsky, 1979; Frederickson, 1998; Frederickson, Tugade, Waugh & Larkin, 2003; Linley & Joseph, 2004). Managing and dealing with the traumatic challenges of life can, despite the well documented negative effects, bring about positive changes in self perception, interpersonal relationships and in one's philosophy of life (Calhoun & Tedeschi, 2002; Tedeschi, Park & Calhoun, 1998).

Additionally, research suggests that those exposed to traumatic events such as rape (Smith & Kelly, 2001), loss (Davis, 2002), HIV infection (Richards, 2001), the events of 9/11 (Frederickson et al., 2003) and the Holocaust (Frankl, 1965, 1984) could experience some forms of positive outcomes or adversarial growth. There is also sufficient anecdotal evidence presented in popular media publications to suggest that, despite negative psychological trauma reactions, there are a host of positive outcomes following traumatic events (Armstrong, 2000; Bays, 1999; Byrne, 2006).

My conclusion is: if traumatic events can bring about positive outcomes and post traumatic growth, then approaches to trauma intervention need to involve both salutogenic and pathogenic factors. The pathogenic approach is derived from the medical model that emphasises the study of disease causing agents with the aim of delivering an intervention meant to *cure*. I do, however, conclude that life is not cured, it is managed. What this means is that traumatic events occur, people are wounded and that these events have to be integrated into the basic fabric of their lives as well as placed alongside other important life events. A salutogenic approach thus attends to some of the areas not focussed on by the pathogenic approach and vice versa. What is required is a *both/and* approach, not an *either/or* approach.

2.4 CRISIS COUNSELLORS

The person providing the crisis intervention service, the crisis counsellor, plays an integral role in the service delivery. Johns (1997) describes this very aptly: “Whatever conceptual or philosophical differences in the underpinning theory, the person, the self, of the worker must then be of primary significance in creating that relationship and maintaining its quality, appropriate to the needs of the client and the purposes of the therapeutic process” (p. 54). Numerous aspects, with regards to the crisis counsellor, are important to consider such as the selection, training, characteristics of effective counsellors and secondary trauma.

2.4.1 Selection of crisis counsellors

To ensure crisis intervention training is delivered from the most advantageous level, public awareness of the relevant initiative should be raised through a recruitment call thus allowing volunteers to approach the enterprise and offer their services (Nel & Kruger, 1999). Personnel, often in the form of volunteers, selected for training should demonstrate the required ability to function efficiently in relation to the job

requirements. Ability refers to a mixture of inborn potential and acquired skill that can be enhanced by training. Adequate screening and selection of prospective personnel are accordingly prerequisites for adequate training delivery as well job suitability.

2.4.1.1 Selection of crisis counsellors in volunteer-based crisis intervention initiatives

Within the context of volunteer-based crisis centres the lavishness of satisfactory recruitment and screening processes are not always feasible. Factors such as the lack of a culture of volunteerism (Nel & Kruger, 1999), people's hectic lifestyles (Vermeulen, 1999), high levels of unemployment (Van Niekerk, 2003) and high victimisation rates (Nel et al., 2001) could force crisis centre authorities to discard adequate screening processes.

Despite such practical difficulties efforts should be made to ensure adequate personnel are recruited and allowed to complete the required training programmes. In light of the aforementioned the self-selection policy as proposed by France (2001) seems particularly relevant.

2.4.1.2 Self-selection

France (2001) proposes the use of a self-evaluation application form. Relevant and valid evaluation criteria should be utilised to construct this application form. Specific and understandable instructions should be included. Such instructions might read something in the order of: "Evaluate yourself in terms of the following criteria. If in your own mind you believe you possess the required skills, you will be accepted into the training class".

The self-selection process has, according to France (2001), three distinct advantages, namely:

- Trainees' competence in assessing their own proficiency is recognised;
- It is efficient in terms of staff time; and
- It proves to be very accurate in identifying motivated and capable workers.

While the self-selection process makes sense within a volunteer based initiative, Nel and Kruger (1999) state that a process that assesses suitability could be negotiated with volunteers. This will, from my perspective, allow the crisis centre management

adequate control over the selection process. The maintenance of minimum standards with regards to delivering volunteer-based crisis intervention services should be of high priority, crisis intervention is an important factor in determining whether the majority of crisis victims who seek crisis intervention support will recover from the crisis experience emotionally, behaviourally, cognitively and psychologically in a timely and positive manner. Consequently crisis centres should manage human resources in a way that facilitates the maintenance of high standards. This means that the situation might arise where volunteers judge themselves as being able to deliver the required services, but the crisis centre management might disagree. The crisis centre should accordingly be able to make the final decision regarding who works as volunteers and in what capacity.

2.4.2 Training of crisis centre counsellors

Training of counsellors is not a *nice to have*, but forms a vital dimension within crisis intervention service delivery. Through the delivery of a training system, individuals with the inherent ability and willingness to deliver supportive services are assisted to develop the skills, knowledge and abilities required to perform the crisis intervention-related tasks and functions as required by the organisation.

2.4.2.1 Knowledge, attitudes and skills required to deliver crisis intervention services

To ensure that crisis victims receive proper crisis intervention services, Hoff and Adamowski (1998) emphasise that crisis counsellors should receive adequate training in core content crisis theory and practice. Core content refers to the essential knowledge, attitudes and skills required to deliver crisis intervention services (Hoff & Adamhowski, 1998). This is summarised in table 2.2.

KNOWLEDGE	ATTITUDES	SKILLS
Crisis theory and principles of crisis management	Non-judgemental acceptance of crisis victims	Application of crisis intervention techniques within practical contexts
Suicidology, bereavement counselling and victimology	Realistic and balanced perspective of the crisis counsellor role	Communication skills
Communication principles	A realistic and humane response to crises issues	The skills to effectively mobilise community resources in crisis intervention practices
Understand ethical and legal issues	A realistic and humane way to deal with emotional and value laden issues	Implementing organisational policy and adequate record keeping
Understand voluntary and involuntary hospitalisation criteria	Coming to terms with personal attitudes toward crises issues	Implementation of voluntary and involuntary hospitalisation procedures
Identification and utilisation of community resources in crisis management	Adequate role portrayal of one's role within the crisis intervention field	Remaining non- judgemental whilst delivering crisis intervention services
Counsellor self-care		Containment of victim responses in the crisis aftermath
Principles and structures for record keeping		Working within ethical and legal grounds

Table 2.2: Core content in crisis intervention training programmes

Despite receiving initial job-related training, Robbins (1997) notes that employees (counsellors) do not remain competent forever. Subsequently the use of continuous training initiatives is important within the crisis intervention field (Nel & Kruger, 1999). Such training empowers the crisis counsellor to remain productive as well as journey into a world of continued self development.

2.4.3 Characteristics of effective crisis counsellors

The crisis counsellor has the complicated task of collaboratively attending to the victim's crisis story, which often involves a series of fragmented storyline variables that are piecing together the victim's understanding of the particular experience. Furthermore, crisis counsellors are involved in a restricted capacity in the sense that they should emphasise empowerment and victim accountability versus taking ownership of the problem. Consequently crisis counsellors have to deal with a sequence of, apparently, paradoxical relationship elements.

Given that the counselling relationship is of great significance in assisting victims to work through their crises (Johns, 1997), a number of counsellor attributes are decidedly important. These include, among other, an empathetic way of being, non-judgemental acceptance despite holding diverse beliefs, active listening, understanding, creating a safe therapeutic context (Rogers, 1942, 1951, 1961, 1987), self-awareness and self-care (Eriksson, Rademeyer & van der Sandt, 2004; Sommers-Flanagan & Sommers-Flanagan, 1993) as well as professionally developed skills such as the ability to remain calm when confronted with emotionally laden information and implementing a structured intervention despite a context of disequilibrium (Gilliland & James, 1993, 1997).

In addition to these required skills, effective crisis counsellors have learned and grown from their life experiences and sustains this growth via processes of continuous training, self-reflection and supervision (Gilliland & James, 1993, 1997).

Effective crisis counsellor should thus seek to integrate all of their life experiences and professionally acquired skills into therapeutic endeavours and life in general, while still maintaining a balanced distance between their professional and personal lives. Crisis counsellors should spend time and effort to gain self-awareness, develop an understanding of the characteristics of effective counsellors and construct a comprehensive foundation from where they can operate.

However, these requirements are applicable to counsellors and therapists across the board and not only to those dealing with trauma work.

2.5 THE SECONDARY IMPACT OF WORKING WITH VICTIMS OF CRISES AND TRAUMA

South Africa is a country marked by high levels of violence and crime where the mental health profession struggles to meet the needs of victims (Hamber, 1998; Jordaan, 2001; Swartz, 1996). This, among other, has been one of the contributing factors in the establishment of volunteer based initiatives. While it could be speculated with relative certainty that volunteer based initiatives, community-based organisations and others are addressing, to various degrees, the needs of the victimised, questions could be raised regarding the costs of caring.

The purpose of this section is to discuss key concepts relating to the secondary impact of trauma. According to Figley (2004) compassion for the victimised holds both reward and risks. True to the medical model and its pathogenic orientation the negative impact will be addressed first. Then the potential benefits and rewards of caring will be considered. As a conclusion to this section some reflective thoughts are shared with the reader.

2.5.1 The cost of caring: background

The now outdated DSM-III-R (APA, 1987) defined a traumatic event as an event that is *outside the range* of usual human experience. Additionally such an event would be markedly distressing to almost anyone, e.g., serious threat to the life or physical integrity of oneself, one's children, spouse, or other close relatives and friends; the sudden destruction of one's home or community; or seeing a person who has recently been, or is being, seriously injured or killed as a result of an accident or physical violence.

When considering the DSM-III-R traumatic event definition the violent reality of everyday life in South Africa becomes evident (Evans & Swartz, 2000; Hamber & Lewis, 1997). South Africa is a country marked by high levels of violence and crime; a country where crime victimisation is normative rather than extraordinary (Nel et al., 2001). Rates of general interpersonal violence are extremely high (Butchart, Hamber, Terre Blanche & Seedat, 1997), and escalates disproportionately in relation to poverty levels (Evans & Swartz, 2000; Nel et al., 2001). Crime statistics released in 2007 (Crime Statistics, 2007) reveal the overwhelming levels of crime and reiterates the argument that crime victimisation within the South African context is not outside the range of usual human experience. What the aforementioned implies is that traumatic victimisation is, to a certain extent, cumulative and not necessarily limited to a single occurrence (Evans & Swatz, 2000). Victims of violence could therefore be exposed and re-exposed to multiple traumatic incidents. This could perpetuate the impact of trauma and continuation of the cycle of violence (Nel et al., 2001).

With the publication of DSM-IV (APA, 1994) and subsequent amended edition, DSM-IV-TR (APA, 2000), the qualifying criteria for a traumatic event were broadened from the DSM-III-R definition to include the subjective experience of the trauma victim:

The person has been exposed to a traumatic event in which both of the following were present -

- Experienced, witnessed or was confronted with an event or events involving actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and
- The response involved intense fear, helplessness or horror.

An implication of the broadening qualifying criteria for the experience of a traumatic event from DSM-III-R (APA, 1987) to DSM-IV-TR (APA, 2000) is that it is no longer obligatory to be the direct or primary victim of the traumatic stimulus (Scott & Stradling, 1994). Rather, it is sufficient to be confronted with a situation that involves threat to the physical integrity of others. The aforementioned was illustrated in section 2.2.2 of this chapter when I made reference to the collective traumatic impact 9/11 and the tsunami disaster of 2004 had on the world population. Subsequently a person could be traumatised without directly experiencing the traumatic stressor. The stage is thus set for both primary and secondary trauma (Figley, 1995a, 1995b).

The above raises interesting questions within the South African context with its high victimisation rates and daily media coverage. It would seem that violence, crisis and trauma have become underlying social themes that affect all South Africans on either a primary or secondary level. This includes those who, in addition to the aforementioned, work with victims. Concerns have been raised about the potential negative consequences associated with secondary trauma (Figley, 1995; Stamm, 1997).

The negative secondary impact of trauma have been conceptualised in different ways by various theorists. Among other, there are the constructs *vicarious trauma* and *compassion fatigue*.

2.5.1.1 Vicarious trauma

Vicarious trauma (VT), often referred to as secondary traumatisation (Collins & Collins, 2005), is regarded as a traumatic reaction in response to specific client-presented information that occurs in those who work directly with victims of traumatic events (Trippany, Kress & Wilcoxon, 2004). These counsellors often have to deal with crises stories relating to death, traumatic grief and human suffering or cruelty. Central to VT are changes in the counsellor's frame of reference such as trust,

feelings of control and intimacy, esteem needs, safety concerns and intrusive imagery (Rosenbloom, Pratt, & Pearlman, 1995).

2.5.1.2 Compassion fatigue

Compassion fatigue (CF), which is often referred to as burnout (Collins & Collins, 2005), is a construct closely related to VT. It is understood as a product of empathic exposure to trauma (Figley, 1995b) that typically affects counsellors whose very roles require them to enter into caring and empathy-laden relationships with victimised clients.

Maslach (1982) describes CF as a syndrome that encompasses emotional exhaustion, depersonalisation and reduced personal accomplishment. What this means, in terms of practical service delivery, is that counsellors could lose their idealism, feel victimised by clients and unreasonably responsible for the failures and successes of their clients (Collin & Collins, 2005; Gilliland & James, 1997).

2.5.2 The cost of caring: benefits

Subsequent to observations that not all counsellors are adversely affected due to the intense nature of trauma and crisis work, the construct compassion satisfaction (CS) has been conceptualised. Stamm (2002) explains that whereas burnout includes exhaustion, role conflict and a lack of efficacy, CS enhances resiliency and the portrayal of efficacy.

In a study conducted by Ortlepp and Friedman (2002) they found volunteer trauma counsellors experienced role satisfaction, personal growth, improved esteem and a greater awareness and respect for human life and accompanying resiliency. This study, therefore, seems to indicate that VT and CF are not necessarily always related to working with traumatised clients. Rather, it could be considered that even though VT and CF are real threats and need to be regarded in a serious light, counsellors can experience CS and live meaningful lives. The pathogenesis-salutogenesis paradox that was discussed at length in aforementioned sections is thus relevant to this discussion as well.

2.5.3 The cost of caring: reflections

Eriksson, Rademeyer and van der Sandt (2004) note that trauma and crisis work is a rewarding profession that also carries risks. This message is echoed by numerous researchers (Collins & Collins, 2005; Figley, 1995a, 1995b; Stamm, 2002). It thus seems that theorists are acknowledging the paradox involved in working with victims of trauma and crisis. The apparent contradictory poles of thought - pathogenic and salutogenic - are therefore considered complementary rather than alternative, and supportive rather than opposite.

Counsellors are often subjected to various myths in terms of professional discourses, such as therapists should submerge their personal needs; the therapist's emotions are not relevant; the therapist will fix the problem; the therapist is always objective and neutral; and therapists are the experts: they know everything (Jaffe, 1986).

Those who work with trauma and crisis, in particular, are more exposed to vicarious traumatisation or burn out, than any other type of counsellor. Trauma is not *scheduled* to necessarily fit into office hours - therefore the counsellor requires specialised training and in all probability more supervision (or debriefing) than any other type of counsellor (Maslach, 1986).

Hoff and Adamowski (1998) add that crisis work is often an ungracious practice compounded by complicated clients and emotionally taxing cases. Therefore crisis counsellors could experience high levels of emotional distress. Despite the negative implications for the counsellor's health, it can also impact negatively on the counselling process and the client. Secondary trauma can foster dependency and create a lack of problem ownership on the part of the client.

As a defence against the unbearable feeling of helplessness, counsellors may try to assume the role of rescuer. They may take on more and more of an advocacy role for the client. By doing so, they imply that clients are not capable of acting for themselves. The more counsellors accept the idea that clients are helpless, the more they perpetuate the traumatic transference and disempower the clients.

Counsellors as well as crisis intervention services should thus attend to the possible occurrence of burnout in a preventative and, if necessary, a reactive manner.

According to the Feminist Therapy Institute (2000) in Colorado, to engage in self-care is not selfish behaviour - but rather responsible and accountable practices towards the clients, as avoiding negative conditions is not for ones' own sake but *for the sake of the clients*. Lack of self-care can be seen as unethical as it can lead to harming clients, while self-care, on the other hand, implies respect for the dignity of persons. The Feminist Therapy Institute (2000) is one of the first psychological bodies in the world who integrated the ethics of self-care in their Professional code of Ethics.

It is unethical to practice while experiencing conditions that impair therapeutic performance. Responsible and ethical behaviour towards clients should therefore include an awareness of and respect for the counsellor's own needs.

Although exploring the importance of self-care in trauma work did not form part of my original goals in this study, this to me seems important, as the relation between self-care and ability to assist clients are intimately linked. In South Africa, the situation becomes much more urgent: counsellors are confronted and re-confronted with daily cases of rape, abuse, incest, or clinical syndromes; and to top it all, we have inherited a severely traumatised society from the previous Apartheid regime. Lack of necessary resources to address the needs of a much traumatised nation, limited infrastructure, a multicultural focus, social deprivation, poverty, crime, lack of trained or specialised counsellors and reconstruction and reconciliation, furthermore, imply different challenges and place higher demands on our counsellors.

As crisis counsellor and researcher I therefore have to wonder when South Africa will follow suit and regard self care as a minimum standard of good practice. If South Africa follows the example of other leading countries, which she inevitably almost always does in other matters, health organisations should also endorse the principle of self-care as one of the foundations of health care reform as currently proposed for Victim Empowerment training programmes (SAQA, 2005).

2.6 VICTIM EMPOWERMENT AND SUPPORT

In this section an overview of victim empowerment and support and associated concepts will be presented and discussed. Key concepts such as defining the term *victims*, discussing the National Crime Prevention Strategy, explaining victim empowerment and victim support as well as service delivery to victims with the aim of addressing their needs, will be focussed on. Some questions that need to be

considered in addition to the aforementioned include, what are the potential benefits of victim empowerment? What are the potential dangers? Finally the critical success factors in local victim empowerment services providers are discussed.

2.6.1 Defining the term victims of crime and violence

According to the United Nations Declaration on the Basic Principles of Justice for Victims of Crime and Abuse of Power adopted in 1985 (Handbook on Justice for Victims, 1999) the term *victims* (of crime and abuse of power) refer to persons who have, individually or collectively, suffered harm including physical or mental injury, emotional suffering, economic loss, or substantial impairment of their fundamental rights through acts or omissions that are violations of national criminal laws or internationally recognised norms relating to human rights. Furthermore the term victims include, where applicable, the immediate family or dependants of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prohibit victimisation.

A person may also be considered a victim, in terms of this declaration, regardless of whether a perpetrator is identified, apprehended, prosecuted or convicted. The declaration also postulates that victims of crime and abuse of power should have access to justice and fair treatment, restitution, compensation and material, medical, psychological as well as social assistance as required.

It is important to note that South Africa is a signatory to above mentioned United Nations declaration. (Nel et al., 2001; Department of Justice, 2004a, 2004b). This has far reaching implications for South Africa as a member state of United Nations (Nel et al., 2001).

2.6.2 Implications for South Africa

Within a democratic government, the responsibility of crime management rests upon the government's shoulders. To carry out this responsibility, several policies, strategies and programmes need to be approved, implemented and carried out. The National Growth and Development Strategy and the Reconstruction and Development Programme (RDP) could be considered as confirmation of the South African government's acknowledgment of this duty (Nel & Kruger, 2003; Nel et al., 2001).

Despite sound policies, as described above, the South African government seems unable to translate such policies into everyday practice. Criticism has been levelled at government's inability to either implement these strategies, or failure to recognize local realities such as the South African socio-economic and cultural factors (Nel et al., 2001).

In 1996 the National Crime Prevention Strategy (NCPS) was initiated to address the complex and multiple factors that contribute to high levels of crime in South Africa (Moran, 2005).

2.6.3 The National Crime Prevention Strategy

According to Moran (2005) the NCPS was the first major effort by the South African government to reduce the number of, and empower, victims of violence and crime.

The NCPS had the following stated objectives:

- To establish a comprehensive policy framework to allow government to address crime in a coordinated and focussed manner;
- The promotion of a shared understanding of how to address crime;
- The development of national programmes aimed at solving the problems that lead to crime;
- Including and encouraging civil society to assist in crime prevention;
- Building capacity to research and evaluate departmental and public campaigns; and
- To facilitate crime prevention programmes at provincial and local levels.

2.6.3.1 The National Crime Prevention Strategy: The four pillars

The NCPS has four pillars of which the first and fourth are pertinent to this particular discussion (Moran, 2005).

These pillars are:

- Pillar 1 - *National Programmes: Criminal Justice Process.* Consisting of nine (9) national programmes, this strategy is aimed at improving the effectiveness and efficiency of the Criminal Justice System (CJS);

- Pillar 2 - *Reducing Crime through Environmental Design*. The focus of this strategy is the improvement of personal and vehicle identification systems as well as reducing commercial crime and corruption;
- Pillar 3 - *Public Values and Education.* The focus of the third strategy is crime reduction through education and awareness campaigns; and
- Pillar 4 - *Transnational Crime.* This pillar addresses transnational organised crime and the upgrading of regional security.

One of the four (4) pillars of the NCPS is to re-engineer the CJS. This includes, among other, emphasising a victim-centred and restorative CJS.

2.6.3.2 The National Crime Prevention Strategy: Creating a victim-centred Criminal Justice System

Prior to 1996 the CJS adopted a reactive and perpetrator-centred perspective. This entails that solutions to crime were based on a doctrine of retribution, deterrence and incapacitation (Nel et al., 2001). From this policy framework the role of victims within the CJS was minimised. Subsequently little was done to address the special needs of victims (Du Toit, 2005; Nel & Kruger, 1999; Department of Justice, 2004a, 2004b).

When the NCPS was announced in 1996 the South African government embraced a more victim-centred CJS. An implication of this policy was the prioritisation of victim support services. Furthermore the complex and cyclical nature of crime was acknowledged. This included the premise that crime victims, when they go untreated, are more prone to repeated victimisation and become perpetrators of retributive crimes and violence (Nel et al., 2001).

Additionally the NCPS views crime and crime prevention as follows:

- It recognises crime as a complex and multifaceted problem. It also admits that mono-casual causation, i.e. considering crime a security issue only, will merely result in simplistic solutions;
- It emphasises a culture of shared responsibility with regards to crime prevention;
- A victim friendly restorative justice system is envisioned; and
- Safety is noted as a basic need.

One of the programmes introduced to achieve the aforementioned is the NCPS Victim Empowerment Programme that, among other, aspires to establish multi-disciplinary services to address the most important needs of victims as a crime prevention strategy (Nel & Kruger, 2003).

2.6.3.3 The National Crime Prevention Strategy: Victim Empowerment Programme

Nel and Kruger (1999) explain that the Victim Empowerment Programme (VEP) encompasses a philosophy where victims, be it of crime or abuse of power, are regarded as having certain skills, competencies and an innate sense of resilience that, when appropriately facilitated, can be tapped into and allow victims the opportunity for self-empowerment - this stands in stark contrast to reliance on an outside expert. In terms of empowerment, victims become aware of the dynamics involved in the justice process and can direct their efforts in such a way that they move from the victimisation process not as withered victims, but as courageous survivors or victors.

Victim empowerment service providers form part of an environment where different service contributors work as mutual multi-disciplinary team with the collective aim of addressing victim needs. Success in terms of the victim empowerment initiative depends greatly on interdepartmental, intersectoral and inter-service provider collaboration.

Victim empowerment furthermore entails that service providers, regardless of the department or sector they represent, perform the service they claim to be delivering in a victim-centred manner - with the victim's needs and rights in mind. Victim empowerment therefore means that service providers deliver the *same service, differently* (Nel & Kruger, 1999). Subsequently all service providers involved in delivering victim empowerment services should be aware of their role in this process.

Although the NCPS is no longer in operation *per se*, its objectives, functions and responsibilities are still implemented by various government departments and victim empowerment service providers (Kotze, 2002).

2.6.3.4 The National Crime Prevention Strategy: Role players

To address the needs of the VEP the involvement and intersectorial co-operation of several departments, sectors and role players are imperative. The lead role player in the victim empowerment initiative is the Department of Social Development. Other service providers include the South African Police Service, the Departments of Health, Social Development and Justice and Constitutional Development. Although less emphasised, the Departments of Education and Correctional Services also play important roles within the VEP. At grass roots level Non-Governmental organisations (NGO's), Community-Based Organisations (CBOs), Non-Profit Organisations (NPOs), Faith-Based Organisations (FBOs) and private institutions and practitioners, such as psychologists, lawyers and medical doctors, address the needs of victims of crime and violence.

2.6.3.5 National Crime Prevention Strategy: Structure and responsibilities

The approach of the VEP is funded in building and maintaining partnerships between governmental departments and other role players such as NGOs, CBOs, NPOs and FBOs as well as research institutions, business and civil society. Structurally the VEP is comprised of a National Management Committee, a Provincial Forum and Regional Committees (Moran, 2005).

The VEP Management Team is tasked with the strategic management of the programme. VEP Provincial Forums were established with representatives from government departments and NGOs. These forums are fulfilling much the same responsibilities that the National Management Team does (Moran, 2005). On a local level, the day-to-day implementation and management of the VEP was to be addressed; however, very few of these committees were actually set up (Moran, 2005).

2.6.4 Victim support

Closely related to the concept of victim empowerment, is the term victim support. Victim support is concerned with the empathetic, benevolent and person-centred assistance rendered by an establishment or person following an occurrence of victimisation (Nel & Kruger, 1999).

Victim support can be considered as a specific service being rendered by a specific role player within the victim empowerment movement, for example organisations focussed on education and raising awareness of crimes against women and children. The term victim empowerment, in contrast, is more descriptive of the all-encompassing ideology's undertakings. Victim empowerment is thus not a solitary process, but a multidimensional and sometimes multidisciplinary approach, with victim support being a vital cog within the system. However, I approach this concept - as all the others in this study - from my own subjective perspective, without implying that my perspective is the only one.

2.6.5 Victim empowerment and support are aimed at victim needs

Victims deserve attention because of, among other, two (2) reasons. Firstly all victims have certain basic human rights and secondly because of the potential threat of a continued cycle of retributive violence and crime. These aspects will now be briefly discussed.

2.6.5.1 The rights of victims

According to the Victim's Charter (Department of Justice, 2004a) the rights of victims include:

- The right to be treated with dignity and respect;
- The right to offer information;
- The right to receive information;
- The right to legal advice;
- The right to protection; and
- In certain circumstances, the right to compensation.

2.6.5.2 Retributive crime

It is alleged that if victims go untreated they often become perpetrators of either retributive violence or of violence displaced within a social or domestic sphere (Nel et al., 2001). It is believed that victimisation is fundamental to retributive crime. Furthermore the absence of victim empowerment service providers plays an important role in the cyclical nature of crime and violence. By accordingly paying

attention to victims may prove one of the most effective ways of curbing additional crime and violence rates.

2.6.5.3 The needs of victims

According to Reeves (1985), victims have specific needs following incidents of violence. Victims require attention as to ensure that those needs are met and the person can move away from the victimisation process with the least amount of hurt.

Reeves (1985) describes victim needs as follows:

- Emotional needs, which refers to the need to ventilate feelings;
- Acknowledgement needs - victims require reassurance that their feelings of discomfort are normal and valid;
- Practical needs are probably the most evident in the wake of a violent incident. These involve the need for medical assistance, transportation and informing loved ones of the incident;
- Information needs, for example on legal procedures and the availability of community resources;
- The need for understanding - victims express the need to be heard and understood instead of being blamed for the particular incident; and
- The need for contact with the judicial process: guidance is often required regarding judicial procedures, reporting of the crime and rights of victims.

Addressing these client-needs require an integrated approach and interdepartmental, intersectoral and inter-service provider collaboration.

2.6.6 Integrated service provision

Friemdan and Higson-Smith (2003) provides a five level pyramid of integrated trauma service provision. This serves as a synthesis of service providers within the domain of crisis and trauma intervention, the target population they serve and the emotional state that characterises each component's target population, intervention information, regulatory structures and critical linkages. The above is presented in table 2.3.

	TARGET POPULATION	INTERVENTION	REGULATION	CRITICAL LINKAGES
IN- and OUT-PATIENT CARE	Very small proportion of victims who meet the criteria for recognised psychiatric disorders and require medication that cannot be provided by their communities	Combinations of containment, psychopharmacological intervention and psychotherapy. The duration will vary widely depending on the presenting victim	Health professionals registered with the Health Professions Council of South Africa or other relevant professional societies	Clinics and hospitals. The Department of Social Development and Health
TRAUMA THERAPY	Small proportion of victims who do not respond to trauma counselling. Many will meet the criteria for psychiatric disorders and present with high levels of distress.	Sessions vary from 6 to 12 weekly sessions, for up to weekly sessions for a year. Uncovering repressed material, traumatic content, desensitising and changing entrenched defensive behaviour	Health professionals registered with the Health Professions Council of South Africa or other relevant professional societies	Clinics and hospitals. The Department of Social Development and Health
TRAUMA COUNSEL-LING	Approximately 10% of victims. Victims that do not make significant progress within 3 weeks following victimisation	Varies between 1 to 6 sessions. Mediated re-exposure, reframing cognitive distortions, symptom management and problem solving	Currently unregulated and standards of professional practice urgently required	Clinics and hospitals, welfare agencies, courts and the Department of Social Development and Health
VICTIM SUPPORT	All people recently victimised although psychologically healthy	Varies between 1 to 4 sessions with emphasis on practical and emotional support	Currently unregulated. Standards of practice urgently required	South African Police Service, courts and welfare
EDUCATION AND AWARE-NESS RAISING	General diverse population. Majority healthy and low levels of distress	Ongoing and repeated information on victim rights, signs of trauma and self care	Advertising standards and Broadcasting authority	Electronic, print and internet media. Most government organisations

Table 2.3: Integrated service provision (adapted from Friedman & Higson-Smith (2003))

2.6.7 The referral process

In section 2.5.5 I explained that victim empowerment and support is aimed at victim needs. I continued this discussion in section 2.5.6 by providing an outline of an integrated framework of trauma service provision. What this means is that there are

different role players within the victim empowerment framework and that different role players could address different victim needs. The various VEP role players, led by the Department of Social Welfare, were pointed out in section 2.5.3.4. Therefore to ensure that victim needs are met via intersectorial networking, service providers should make use of well planned, or strategic, referrals. France (2001) affirms this by stating that referrals are an essential aspect of crisis intervention services. It therefore becomes imperative that referrals are integrated and regarded as a core and strategic component of the crisis intervention methodology. To utilise referrals as a strategic tool, adequate information should be available within the integrated network of services providers.

2.6.7.1 Information required for the referral process

To make use of appropriate referrals within the VEP and crisis intervention sphere, services providers should have adequate information of other service providers. Adequate information refers to information that allow clients to make informed decisions regarding their utilisation of a specific service. An informed decision would entail that the client receives a non-technical, understandable and accurate description of the services that can be delivered by a relevant service provider.

According to France (1996) referrals should include two pieces of specific information and four pieces of general information:

- Specific information -
    - Relevant services being provided by service provider;
    - Any applicable restrictions, for example, geographical area being served, fees, eligibility criteria, etc; and
- General information -
    - Name of organisation;
    - Address and directions if needed;
    - Phone number and whether phone will be answered by a specific person or answering machine; and
    - Hours of operation.

The aforementioned components can now be combined to provide a strategic referral.

2.6.7.2 A strategic referral process

All service providers can become active role players in crisis victims' healing progressions by assisting them to make contact with the appropriate service providers. In figure 2.1 I provide a graphical representation of what I regard a strategic referral process to entail. The referral process as depicted below could form part of a comprehensive crisis intervention methodology.

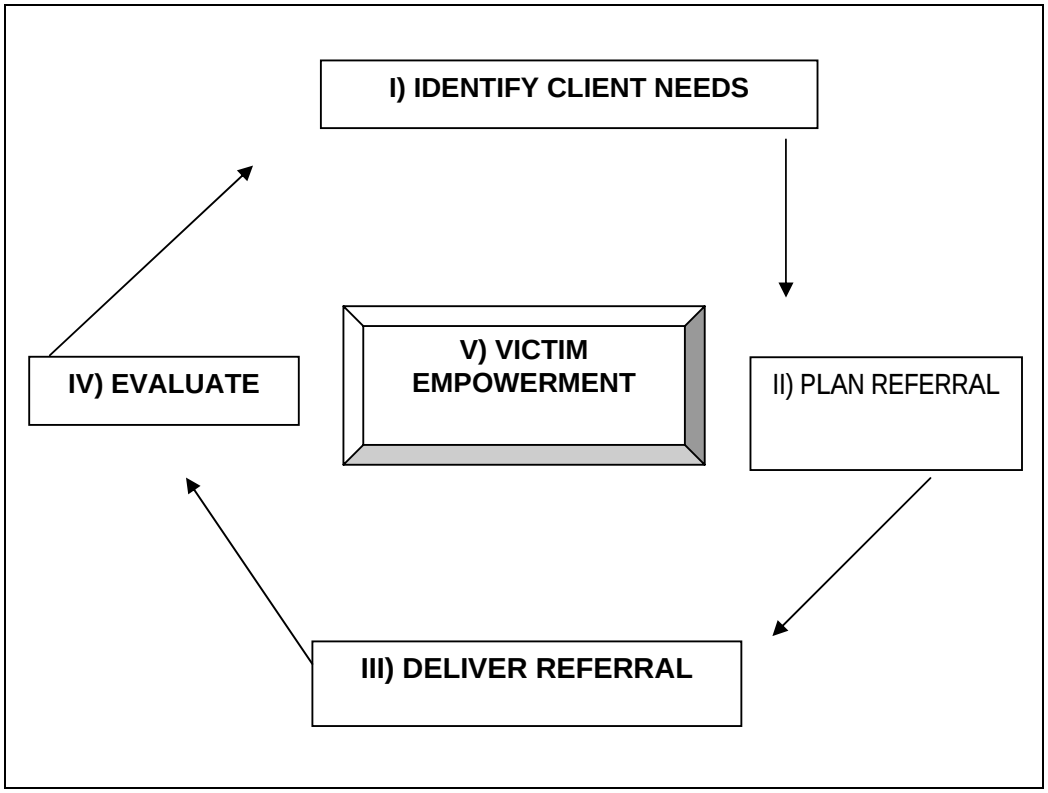

Figure 2.1: A strategic referral process

The components, as presented in figure 2.1, can be broken down as follows:

I) The first component of the referral process is the identification of the victim's needs. The referral process can be regarded person-centred: the methodology is based on a thorough understanding of the client's needs;

II) The next component revolves around the referral. The referral is a function of two aspects: firstly the referring agent's ability to identify

the victim's needs and secondly adequate knowledge regarding possible service providers that could attend to the identified needs;

III) Areas in need of attention (victim needs that were identified) are converted into a specific and strategic referral. Embedded into the referral will be the required interventions, such as trauma therapy, that could assist the client to re-establish equilibrium;

IV) The final component demands that the referral process be evaluated. This could entail that the referring agent determine whether the client in fact made use of the referral or whether the referral was useful;

V) The entire referral process is based on a fundamental aspect of victim empowerment and support namely acknowledgement and attendance to victim needs to facilitate empowerment.

A referral allows a victim to enter and become part of the victim empowerment framework and process. Ideally this will prove to be beneficial with regards to moving away from the victimisation process with the least amount of hurt.

2.6.8 Benefits of victim empowerment and support

According to Nel et al (2001) victim empowerment and support provide, among other, the following benefits:

- The reduction of short- or long term distressing after-effects;
- The reduction of personal and relationship related problems; and
- Reduction of a number of distressing after-effects in the workplace.

While I acknowledge and agree with the aforementioned benefits, I regard victim empowerment and support as a policy framework and a strategic tool. In other words, a social programme that can be potentially dangerous, if not managed according to relevant procedure and criteria.

2.6.9 Potential dangers of victim empowerment and support

Fattah (in Nel et al., 2001) identifies a number of potential dangers related to victim empowerment and support. These include:

- Victim empowerment movements may turn into vigilante groups and promote offender bashing campaigns;
- Widening of the social control net. In other words, the movement focuses more on controlling victims and their discontent rather than attending to victim needs and empowerment;
- Focussing on delivering superficial answers to the symptoms of crime while ignoring the importance of getting involved with crime prevention;
- Placing too much emphasis on conventional crime and disregarding crimes that create social harm, such as white collar crimes;
- Pigeonholing victims as *weak and vulnerable*, instead of emphasising strengths. This can intensify, rather than heal, conflict;
- De-emphasising the importance of the traditional social support networks and social ties by emphasising the dependency on social services;
- Not tuning into the victim's inner sense of resiliency and thereby emphasising passivity. This delays the natural healing process; and
- Creating unrealistic expectations in victims that cannot be met.

As I reflect on the above, a central theme emerges: victim needs. In the aforementioned list, all *dangers* seem to come to the fore when victim needs are being placed in a secondary position. The primary aim of victim empowerment is to address the most important needs of victims and not the needs of service providers.

2.6.10 Critical success factors in local victim empowerment services

Nel and Kruger (1999) conducted an exploratory study to determine the success factors for victim empowerment initiatives at a local level involving direct service delivery. Initiatives that rendered a reactive service were included in this study. The following critical success factors were identified:

2.6.10.1 Principles crucial to intersectoral service delivery

In view of the above arguments and discussions, it is my understanding that the aim of victim empowerment is to construct a multi-disciplinary team that attends to a victim's needs with the aim of empowering that victim to move away from the victimisation with the least amount of hurt. In other words, to create an environment that emphasises *survivorhood* instead of *victimhood*. In this transition process, the role players portray important roles as *agents of change.* The success of this process, however, depends greatly on intersectoral service delivery.

The focus group discussions facilitated by Nel and Kruger (1999) suggested that the following principles are crucial to intersectoral service delivery:

- Transparency, credibility, feedback and reflection on processes or services being delivered;
- Consultation and community ownership, i.e. a service provided by the community for the community;
- Emphasis on empowerment, versus widening the social control network of service providers;
- Intra- and intersectoral partnerships and co-ordination; and
- Emphasis on the sustainable development of human and material resources of the service.

Unfortunately, several obstacles in the South African context handicap the implementation of such intersectoral service delivery.

2.6.10.2 Greatest obstacles in service delivery

Nel and Kruger (1999) identified the greatest obstacles in effective service delivery to victims of crime in South Africa as follows:

- Lack of physical resources such as finances, facilities and infrastructure;
- Lack of human resources. This could be in terms of overstretched workers, too few volunteers, or volunteers with limited training and skills; and
- Lack of supportive intersectoral collaboration that result in a lack of supportive contexts and structures.

Nel and Kruger (1999) furthermore comment that the aforementioned obstacles are more or less identical to factors associated with the failure of victim empowerment services.

2.6.10.3 Crucial factors in ensuring the success of service delivery to victims

Factors identified by Nel and Kruger (1999) as crucial to ensuring successful service delivery to victims are:

- Adequate physical resources, finances and good infrastructure;
- Adequate human resources; and
- Intersectoral collaboration and appropriate supportive contexts and structures.

Only when the above factors are met, will it be possible to effectively provide services according to victim's needs. Such standards might still be unrealistic within the South African context. Most crisis centres lack adequate physical resources, there is a lack of volunteerism and subsequently human resources and intersectoral collaboration is not prioritised or implemented by all role players as required. However, the creation of such an integrated service delivery system is a long term endeavour that should be measured as such.

2.6.10.4 Summary of critical success factors

The critical success factors in delivering services to victims, as identified by Nel and Kruger (1999) are:

- Good community relationships – the community should be an important stakeholder in the service delivery initiative. Furthermore, a trusting relationship should exist between community members and the service provider. The needs of the community should be clearly understood and catered for. In other words, the service should be rendered for the community by the community;
- Gathering, utilising and providing relevant information that integrates national policies and local realities into an effective service endeavour;

- Good management practices – an integrated management plan that defines the service provider's role within the victim empowerment framework, establishes relevant long term goals, sets appropriate objectives for day-to-day practices and is well marketed, safe, accessible and delivers efficient services in a client-specific manner; and
- Adequate resource allocation – as mentioned in previous sections the utilisation of resources is important to ensure the sustainability of local level initiatives. Human and physical resources should be managed in a sustainable fashion by dedicated co-ordinators, staff and volunteers.

As I reflect on the aforementioned I ask myself the following question: "Without the aforementioned critical success factors, what could the implications be?" A suitable answer might be found in the lessons learned from the Sunnyside Trauma Centre (see Nel & Kruger, 1999 p. 125). The Sunnyside Trauma Centre was opened in January 1995 and lapsed in September 1996. Despite catering for a great community need their attempts failed because they were operating the centre in a *vacuum* and had no way of positioning them in the broader victim empowerment framework. Furthermore human resource problems, such as no support from co-workers and unrealistic working hours, halted their efforts. This heavy workload invariably contributed to the crisis workers becoming traumatised themselves (Nel & Kruger, 1999).

While the efforts of those involved with the Sunnyside Trauma Centre were greatly appreciated, the fact of the matter is that the centre could not survive due to a lack of, among other, adherence to the specified critical success factors. The central message I take from this is that good intentions alone do not counsel people in crises. There are certain key driving forces behind the accomplishment of the objectives of a service.

2.7 INTRODUCTION TO CHAPTER 3

In chapter 3 I provide an account of my personal journey with the SCC. Additionally the study is placed against a pertinent background by presenting, discussing and reflecting on the SCC's regulatory system.

CHAPTER 3

THE SINOVILLE CRISIS CENTRE

3.1 INTRODUCTION

The Sinoville Crisis Centre (SCC) is an envisioned centre of hope: a secure place built by the community for the community; a centre with strong community roots that, at its core, is concerned with empowering the overpowered. The purpose of this chapter is to place the study against a pertinent background. This chapter therefore provides an outline and discussion of various SCC concepts, structures and procedures.

In section 3.2 I will reflect on my personal journey with the SCC. Then, in section 3.3, I will delve into a brief history of the SCC. Subsequently the SCC's regulatory system will be discussed and presented in section 3.4.

3.2 ACT I, SCENE I: MY EXPERIENCES OF THE SINOVILLE CRISIS CENTRE

I became a member of the SCC in March 2002. While completing my BA Honours (Psychology) degree I thought it essential to gain complimentary practical training and began working as a volunteer SCC counsellor. I have a firm belief that deep learning occurs when theoretical processes can be understood within practical settings, and *vice versa*. In other words, when theoretical principles and practical actions are integrated and the dynamic paradoxical tension between the two areas can be conceptualised and appreciated. As such I embarked on a process of personal and professional development.

Key to my developmental process was, as I refer to it, *tension*. Carrol's (1997, p.222) statement: "Many times I felt as though I was treading uncharted waters…" provides an accurate reflection of the tensions I experienced. Through SCC work I was confronted with a difficult and often ungracious, but also insightful and exciting, struggle of emotional and intellectual growth. I believe that Sharma (1986) eloquently verbalises these experiences by noting that many of the qualities that make a

competent therapist [sic][3] have to be learned through a process of "…prolonged and laborious self struggle" (p. 319).

Through a commitment to personal development, continued self-study and reflection I developed a conceptual language to narrate my SCC journey. I did, however, receive my greatest lessons from the clients who invited me into their hours of darkness and suffering. These clients did not, necessarily, have the conceptual language or knowledge to bestow me with theoretical riches. More exactly, they possessed the empirical crisis scars that educated me.

I will, in a concise manner, share two of these *teachings*[4] as a means of illustrating and sharing my experiences. I conclude this section with some reflective thoughts in section 3.2.4.

3.2.1 Masculine trauma: the soldier in search of a place to cry

Walter[5] is a soldier in the true sense of the word: tall, masculine and strong; a real *man's man*. When he first walked through the SCC doors I had an intuitive thought that this man experienced war. As it turns out he did: a veteran of the Apartheid regime's Angola war. Through all the war horrors and atrocities he has experienced, witnessed and coped with, he was now, following a hijacking, sitting across from me in a SCC consultation room. He could not stop crying. His tears were only interrupted and temporarily held back by his embarrassment and accompanying excuses: "Sorry, I've never cried like this before." I responded as empathically as I could: "It is okay…take your time. We have the whole afternoon." Every now and then I reminded Walter that I was still present and still attending.

After a while the *storm* cleared. Walter brushed his hands through his hair and said: "I needed that." We began, slowly at first, to explore his crisis *haze*. Three weeks and four sessions later I saw Walter for a final session. His crisis *haze* was now ordered and structured: there was still hurt, but this was accompanied by meaning. He cried again: not as a pathogenic consequence of trauma; he cried because he realised that soldiers were allowed to cry. For the first time he has let his guard down and his

[3] Within the SCC context the researcher is not regarded as a "therapist", but as a counsellor.

[4] The details and names of the clients as well as any other information that could make their identities known have been changed.

[5] Pseudonym

children were allowed to see their father cry - he described the whole process as bitter-sweet.

I was overjoyed for Walter and somewhat proud of having played a role in his experience of this important life lesson. What I learned from Walter was that there are times that we have to surrender to the helplessness and fall into that *dark* place. Living in a world marked by dichotomies such an experience allows us to discover our light in the darkness.

3.2.2 Life after death

"There is probably no bereavement harder to deal with than the loss of a child" (Markam, 2002, p. 58). We all know that we have to confront death at some point in our lives. Yet, we seem so utterly unprepared for it when it arrives. This encapsulates the plight of a young lady grieving the death of her baby girl. She was seeking *refuge* at the SCC.

Mary[6] lost her baby girl of eleven months. To the outside world, her parents included, the baby was a picture of health. Medical doctors, however, diagnosed a heart condition and an emergency operation was required. The baby girl never woke up after surgery.

I was confronted with a lady in the depths of despair. We met for six weekly sessions. We struggled through a kaleidoscope of emotions that ranged from numbness to hysteria. We looked at photographs and medical records. We had light hearted conversations about happy times she spent with her daughter and we had deep philosophical discussions about the meaning of life. Death had clawed its way into virtually every dimension of her life: relationships, occupation and religion.

I could sense Mary's mood, thoughts and behaviour changing over the course of our sessions. She was slowly re-establishing equilibrium; rebuilding and reclaiming her *shattered* life. During our final session she made an observation that taught me an important lesson: "There is life after death." She was referring to the lessons she learned and the growth she experienced as a direct consequence of losing her baby.

[6] Pseudonym

What I realised was that this resilience was part of her, even from the beginning of this ordeal; it just took time to be discovered.

3.2.3 The common denominator: a dynamic paradoxical tension

A characteristic that keeps resurfacing throughout my experiences at the SCC relates to the complexity of systems. This *complexity* element makes it difficult to present exact and clear accounts of events. The focus is continually placed on paradox: two aspects being in the same place at once, people being pulled in two directions at once, pathogenesis and salutogenesis, suffering and growth, etc.

As I reflect on the above, my comprehension of the SCC enhances in complexity. My thoughts are stimulated by the idea that the *map is not the territory* (Becvar & Becvar, 2000). What I am alluding to is that humans tend to comprehend existence from singular perspectives. From such perspectives meaning is generated and created, for example, an event is classified as either good or bad. The true meaning is, however, not known (Becvar & Becvar, 2000). Thus, the generated meaning is not reality, only perception: the map is not the territory.

The above is further complicated by the intricate connectedness of all systems. To thus conceptualise and operationalise an enhanced understanding of crises a multitude of perspectives is required. A multitude of perspectives can generate an in depth or multilayered understanding of crises. I refer to this multilayered understanding as a dynamic paradoxical tension.

To illustrate this dynamic paradoxical tension as a central theme through of my involvement with the SCC, I will highlight the following:

- Upon joining the SCC I had a firm belief that deep learning was facilitated through an integration of theoretical principles within practical contexts. It was, as such, that the pathogenic crisis scars of SCC clients educated me to experience tremendous personal growth. This learning occurred recursively with my theoretical training. My theoretical training provided a conceptual language through which I could verbalise my practical experience. This verbalisation was externally valid: I could generalise reactions, thoughts and emotions (etc.) presented by clients, even though all reactions manifested in unique ways - as presented by clients in practical settings;

- Clients, as those I mentioned in sections 3.2.1 and 3.2.2, initially interpreted their crisis haze from singular perspectives: pathogenesis. After developing a multilayered understanding of their ordeals they interpreted the events as paradoxical: pathogenic and salutogenic, for example *masculine trauma* and *life after death*. This understanding is similar to arguments I presented in chapter 2: connecting through danger, celebrating opportunity;

- Through our (myself and clients) interactions we created a relationship marked by "…prolonged and laborious self struggle" (Sharma, 1986, p. 319). A relationship where the depths of despair and life lessons were evenly balanced and re-established a new equilibrium level: inside every crisis there is opportunity and inside every opportunity there is a potential crisis.

The aforementioned SCC journey took place against the backdrop of a crisis centre with its own history and organised principles.

3.3 SINOVILE CRISIS CENTRE: A BRIEF HISTORY

On the 29th of March 1999 Dr. YA du Toit, a forensic criminologist, and Superintendent C. Pieterse from the Sinoville police station entered into dialogue regarding the establishment of a crisis centre on the premises of the Sinoville police station. Two broad aims were discussed, namely seeking an appropriate location for the centre as well as possible sponsorships to assist in establishment of the SCC (Sinoville Crisis Centre House Rules, 1999; Sinoville Crisis Centre Protocol File, 1999).

A second meeting was held on the 30th of June 1999. During this meeting the Sinoville police station's *powers that be* granted the SCC permission to construct a wendy house on the Sinoville police station's grounds. The wendy house was intended to serve as a service point for the SCC.

The SCC formally opened on the 17th of September 1999 as an affiliate of the Inter Trauma Nexus group. On the 1st of July 2000 the SCC, however, discontinued its relation with the Inter Trauma Nexus group and became officially known as the SCC (Sinoville Crisis Centre House Rules, 1999; Sinoville Crisis Centre Protocol File, 1999).

Starting out with a mere three (3) untrained counsellors, a wendy house without electricity or telephone services and a handful of clients in 1999, the SCC has experienced a spurt of exceptional growth. At the time of documenting this study, the SCC has four wendy houses equipped electricity and telephone services and a group of thirty (30) trained counsellors. Additionally the SCC has worked on approximately twenty thousand (20 000) cases and probably touched the lives of many more clients (Zambi News, 2007). It would be interesting to examine the SCC's statistical data with relation to the number of clients seen in terms of race, gender, geographical area and types of crises events experienced. However, such an analytical data breakdown was not available.

3.4 THE SINOVILLE CRISIS CENTRE REGULATORY SYSTEM

At the core of the SCC's regulatory system is its mission statement (Sinoville Crisis Centre House Rules, 1999; Sinoville Crisis Centre Protocol File, 1999). Therefore this section is introduced with a discussion and reflection on the SCC's mission statement. The SCC's aims, which are aligned with the mission statement, are then addressed. Furthermore the SCC management structure is discussed. The role of SCC counsellors and the client ethics that structure counselling are then addressed followed by issues regarding funding and public relations aspects. This section is concluded with an overview of the SCC counsellor selection and training procedures.

3.4.1 Mission statement of the Sinoville Crisis Centre

A mission statement reflects an organisation's purpose. All day to day operations as well as strategies, need to be aligned with the mission statement. The SCC's mission is to render a community based emotional and practical support service to victims[7] of crime, accidents and crises.

It is important to take note that the SCC's mission statement limits its crisis intervention services to emotional support, although practical support forms a vital part of such a service delivery. A distinction is thus made in terms of the client needs that will be addressed, services to be rendered and the counsellor training and extent of competencies that can be provided.

[7] Please note that the terms *victims* and *clients* will be used interchangeably in this chapter.

The aforementioned implies that the SCC focuses on first line crisis intervention. First line crisis intervention emphasises practical and emotional support and not the interpretation of emotional content, reframing cognitive distortions, uncovering repressed material and traumatic content, or desensitising and changing entrenched defensive behaviour, which are regarded the domain of specialised trauma therapy. This ethical guideline surrounding counselling service delivery is strongly advocated by and to all SCC counsellors.

In reflection on the SCC's mission statement the following assumptions seem to be made:

- The availability of a crisis intervention service, more specifically emotional support, is an important factor in crisis recovery. In other words, it is an important service that could assist crisis victims, who seek crisis intervention support, to recover emotionally, behaviourally, cognitively and psychologically, in a timely and positive manner from the experience. This assumption implies that crisis intervention services are needed in South Africa, a country where crisis precipitating events are rife.

  It is, however, acknowledged that several other factors also influence a crisis victim's ability to recover from a crisis. Recovery factors could include, among other, a history of psychiatric disorders, biological vulnerability, cultural affiliation and social support. From the SCC's perspective though, these factors cannot be accounted for, due to the mission statement: the SCC only delivers first line crisis intervention. In the event that clients present complicated symptomology, psychopathology or any other condition that requires professional intervention, appropriate referrals will be made to relevant service providers.

- Implicit to the SCC's mission statement, is that volunteer counsellors, not necessarily schooled in psychological thought at a higher educational level, could provide first line crisis intervention services. Therefore the professional qualification of the person providing the support is not as important as the fact that support is provided. Since humans are predisposed to provide assistance during crises (Aguilera, 1994; Hoff and Adamowski, 1998), the assumption is

made that this generic predisposition is not necessarily the result of academic study, but rather a facet of humanity and compassion (Hoff and Adamowski, 1998). The assumption further indicates that the SCC accentuates the importance of the community caring for its own: volunteers assisting victims to re-establish their sense of trust in the world.

Notwithstanding the aforementioned, it should be stated that the adequate training of counsellors, be they professionally trained volunteers or not, plays a crucial role in determining the success of the crisis intervention service.

- Emotional support (first line crisis intervention) is a significant contribution to the recovery process of victims of crime, accidents and crises. In other words, people are resilient and first line crisis intervention could be sufficient to facilitate healthy reestablishment of equilibrium. This implies that those facing adversity, such as a crisis, will have the innate ability to recover from such an event and that psychological intervention should not be regarded as an absolute necessity, although there could be exceptions. This assumption also de-emphasises the pathogenic nature of crises and re-emphasises a salutogenic orientation: the belief that despite a stressful life, people survive.

The SCC's mission statement thus plays an important role in the operational day-day activities. It places important ethical restrictions on the services being rendered as well as on the responsibility bestowed on the management and counsellors. Furthermore, it imparts a certain philosophy with regards to crisis intervention work.

3.4.2 Aims of the Sinoville Crisis Centre

The SCC's mission statement directs daily activities and procedures. Consequently the SCC's aims are a function of the mission statement. The primary aims of the SCC include**:**

- Render crisis intervention services to primary and secondary victims of crime, accidents and crises;

- Emphasise empowerment;

- Deliver crisis intervention services only at the SCC premises unless otherwise arranged with the SCC coordinator;

- Deliver on scene crisis intervention services (referred to as emotional first aid) only when requested to and accompanied by the South African Police;

- Provide court service assistance (emotional support) if so requested and in the event that the case is conducted in Pretoria;

- Assist clients to apply for a domestic violence protection act;

- Assessment of suspected sexually molested children on request of the Child Protection Unit by trained individuals who are registered with appropriate governing bodies (this function dependent on the basis that there are trained professionals available to conduct such assessments); and

- Deliver crisis intervention services to police officers if requested.

The SCC's secondary aim involves the adequate maintenance of the SCC offices and terrain.

3.4.3 Management

Nel and Kruger (1999) note that good management is important in establishing a victim empowerment initiative at local level. The SCC employs a hierarchal management structure made up of three designated categories. These categories include the coordinator, day-night coordinator and the management committee. The duties of these designations are now presented.

3.4.3.1 Duties of the coordinator

The duties of the coordinator include:

- Attend all SCC meetings;
- Attend all Community Policing Forum meetings;
- Communicate with the Sinoville police station in related matters;

- Facilitate and manage conflict situations that exists between counsellors as well as between counsellors and police officers;
- Provide counsellor supervision;
- Liaise with press; and
- Manage financial matters of the SCC.

3.4.3.2 Duties of the day-night coordinator

The duties of the day-night coordinator include:

- Arrange shift schedule for counsellors;
- Relieve counsellors in the event that they are not available for service delivery;
- Provide counsellors with the required supervision;
- Complete administrative tasks; and
- Stand in for coordinator as required.

3.4.3.3 Duties of the management committee

The SCC management committee is made up of four portfolios. These portfolio duties include:

- Assistance with fundraising;
- Assist with SCC marketing; and
- Assist with administrative tasks.

3.4.3.4 Monthly meetings

Compulsory SCC meetings are held on a monthly basis. Important SCC issues, such as financial matters and case statistics are discussed. These monthly meetings also afford the opportunity to conduct continued SCC counsellor training.

3.4.4 Counsellors

The SCC is staffed by volunteers. Volunteers come from a wide variety of backgrounds and occupations. Occupations range from ministers, psychologists, school teachers to homemakers.

Volunteers mainly reside within the Sinoville community. This is in line with the SCC mission statement assumptions made in section 3.4.1: the SCC community caring for its own. This being said, it is more than noteworthy that a great number of clients, not geographically defined as the SCC community, visit the SCC.

3.4.5 Client service ethics

The core component of the SCC's existence is to provide first line crisis intervention services to victims of crises. Victims often find themselves in vulnerable positions. Consequently an ethical approach is of particular importance. The following is regarded as core client service ethics:

- All clients must be treated in a professional manner. This includes primary and secondary victims of crises;
- All clients and relevant cases that are dealt with are done in accordance to a strict confidentiality code;
- Client rights should be respected at all times;
- Counsellors should adopt a non-judgemental point of view when attending to clients;
- Counsellors should always act within the limits of their competencies and be forthright regarding such competency levels. This includes professional affiliations and registrations;
- Clients should be referred to other service providers if this is in the client's best interest; and
- Counsellors should focus on continued study to ensure levels of competence are continuously improved upon.

3.4.6 Office hours

The SCC's office hours are:

- Twenty four (24) hours a day and three hundred and sixty five (365) days a year. The centre is, however, only staffed between the hours of 06h00 and 20h00. Outside these hours there is a counsellor on standby duty. In the event that the SCC's services are required, the Sinoville Police will inform the particular counsellor on duty;

- The SCC will, however, be closed on official South African holidays; and

- Only emergencies will be attended to outside office hours, i.e. on official South African holidays. Such emergencies include:
    - Suicide threats;
    - Road traffic accidents;
    - Bank robberies;
    - Domestic violence incidents;
    - Crime victimisation;
    - Natural disasters;
    - Manmade disasters.

3.4.7 Funding

The SCC receives no state funding and is by and large dependent on community donations. Financial support from the Community Policing Forum will be considered.

3.4.8 Public relations

All press matters will be managed in the following manner:

- The SCC coordinator handles all press matters;

- Counsellors may engage in press-related matters when involved in on-crime scene crises; and

- Sensitive and confidential client information should not be discussed with the press.

3.4.9 Recruitment, selection and training of Sinoville Crisis Centre counsellors

According to France (1996) most people, regardless of profession and education, can become skilled crisis interveners through adequate training. Before these individuals can however be trained, recruitment and screening processes need to be put into practice. In the subsequent sections I will firstly discuss the recruitment of counsellors and then focus on the selection process. Lastly I will discuss the SCC training programme.

3.4.9.1 Recruitment of Sinoville Crisis Centre counsellors

SCC counsellor recruitment is a continuous process. For the most part advertisements and SCC-related articles are placed in community-based newspapers. This seems to be an effective process given that the SCC has, for the last seven years, been well served by volunteers.

3.4.9.2 Selection of Sinoville Crisis Centre counsellors

Once individuals volunteer their services to the SCC they are required to complete a short application form. The application form requires applicants to include biographical information such as name, surname, telephone number and address. Furthermore applicants are asked to include a short description of the reasons motivating their SCC involvement. Lastly applicants are requested to indicate at what times of the day they will be available to deliver services at the SCC.

The coordinator and a management committee member conduct initial screening of the applicants. Unsuccessful applicants are informed about the decision. A primary reason for turning applicants away at this early stage, involves unavailability for the applicant to work at the specified time of day. Numerous applicants are full time workers and can only work at 18h00. Often this time interval is fully occupied. Applicants are, however, accommodated as much as possible.

Successful first round applicants are then invited for a personal interview. The SCC coordinator and one or more management committee members conduct this interview. Decisions regarding the applicants are then made and they are informed accordingly. Successful applicants are invited to attend the official SCC training programme.

Further evaluations of the applicants are made during the course of the training programme. Evaluation criteria utilised for assessment include, among other, the applicant's ability to perform the practical work covered by the training programme, the ability to work as a team member within the training set up, theoretical mastery of training programme work through homework assignments and an evaluation by applicants' in-service trainers. A final decision is made and applicants are informed accordingly.

3.4.9.3 Training of Sinoville Crisis Centre counsellors

The SCC training programme is divided into two segments, namely

- A theoretical and practical segment; and
- An in-service training segment.

3.4.9.3.1 Theoretical and practical segment

The first segment is conducted over an eight-week period. Trainees attend formal weekly lectures ranging between one to two hours in duration. Lectures are facilitated by either the SCC coordinator or another experienced SCC counsellor. These formal lectures include theoretical instruction and discussions as well practical exercises.

Lectures cover the following theoretical and practical aspects:

- SCC orientation. Aspects such as training and SCC goals, aims and house-rules;

- The counsellor's *self-portrait*. Characteristics of effective crisis workers are addressed. Trainees are also assisted to perform a self-evaluation to

determine their level of self-awareness. Also included in this section is the concept of emotional intelligence. Trainees are assisted to understand the theoretical background to emotional intelligence as well as the relevance thereof within the crisis intervention set-up;

- A comprehensive overview of trauma, including primary and secondary trauma, vicarious trauma, compassion fatigue and burnout;

- A portrait of a crisis client. A rational-emotive approach is utilised as theoretical underpinning in explaining typical client-related behaviour;

- The process of person-centred counselling. In addressing this aspect trainees are schooled in basic counselling skills such as reflection of feelings and thoughts, empathy and respect. Strong emphasis is also placed on communication via verbal, non-verbal and contextual language;

- Crisis intervention and debriefing. A basic crisis intervention model is presented to trainees. This is accompanied by a thorough schooling in both individual and group debriefing of adults, adolescents and children. Attention is also focussed on rape and domestic violence victims;

- The rights of victims;

- Counsellor ethics; and

- A bibliography of reading material is provided.

3.4.9.3.2 In-service training segment

The in-service training segment is conducted in conjunction with the theoretical and practical training components. Trainees work under the direct supervision of a trained SCC counsellor, with at least one year's experience, for an eight week period. For the duration of the eight weeks the trainee counsellor observes how the experienced counsellor manages crisis intervention matters. In the event that no crisis clients report to the SCC during a specific shift, the SCC counsellor works through a training file, called the *Protocol File*.

Aspects addressed in this training segment include:

- SCC house rules;
- Suicide intervention;
- Working with rape victims;
- Bereavement counselling;
- Domestic violence;
- HIV / Aids counselling;
- Short introductions into psychological disorders such as anxiety disorders, eating disorders, depression, substance-related disorders, and personality disorders. The aim hereof is to assist the trainee to identify any probability of such disorders and to then make appropriate referrals to either psychologists or psychiatrists; and
- Report writing.

The aim of this training programme is to expose trainee counsellors to the practical SCC crisis intervention context from a safe vantage point. Trainee counsellors should not be expected to handle crisis intervention sessions without adequate exposure and training.

3.4.9.3.3 First aid training

The SCC training is complemented by a basic first aid training programme. Basic practical supportive skills are emphasised.

3.4.9.3.4 Aims of the Sinoville Crisis Centre training programme

The aims of the SCC training programme is to furnish SCC counsellors with the required skills, knowledge and attitudes to be able to assist crisis clients in a professional, ethical and respectful manner. More specifically the aims are to assist counsellors to develop the following skills, knowledge and attitudes:

- Skills
    - Applying techniques for crisis intervention and management;
    - Prioritising to ensure an organised and systematic intervention process that attends to the most critical crisis factors first while minimising the possibility of an escalating crisis;
    - Communication, referral, self-care and basic counselling skills; and
    - Implementing agency policy and keeping accurate records.
- Knowledge
    - Crisis theory and application to specific contexts, such as HIV / Aids, suicidology, bereavement counselling, crime victimisation and substance abuse;
    - Ethical and legal issues;
    - Self-care in crisis work;
    - The consultation process and its application in crisis intervention; and
    - Principles and structures for record keeping.
- Attitudes
    - Non-judgemental acceptance and response towards persons different from oneself;
    - A realistic and balanced attitude toward oneself in the role of crisis counsellor;
    - A realistic and humane response to crisis victims; and
    - Attitude to deal with personal emotional issues.

The above discussions are but a short overview of the SCC's regulatory processes. These processes have been refined, and are continuously being improved, by the SCC to ensure continued sustainable development.

3.5 INTRODUCTION TO CHAPTER 4

In the subsequent chapter the study will be contextualised in relation to a relevant research paradigm. Chapter 4 will also provide an outline and discussion of the research approaches, strategies and procedures as applicable to this investigation.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The purpose of this chapter is to contextualise this study in a relevant research paradigm. This chapter therefore provides an outline and discussion of the research approaches, strategies and procedures applied. A research strategy was especially developed to address the aims of this study. This research design draws from two research paradigms namely participatory action research and qualitative research.

In section 4.2, the participatory action approach is discussed in terms of relevance for this study and the participants involved. In Section 4.3, I provide details of the qualitative approach. My own involvement with the SCC is also addressed in terms of advantages and challenges, which necessitated critical reflection prior, during and following the research process of this study. The research methodology is set out in Section 4.4. This section explains the rationale and particular data selection methods chosen. An important ethical principle in this study was the right of the participants to engage in or to disengage from the research. Ethical considerations are addressed in Section 4.5.

4.2 PARTICIPATORY ACTION RESEARCH: AN INTRODUCTION

Participatory action research (PAR) is a research paradigm that emphasises the simultaneous evolvement of research (knowledge and understanding) and action (change and improvement) through collaborative participation (Dick, 2002; Dick & Swepson, 1997). PAR specifically relates to contexts where flexibility is important and participation between researcher and participants is encouraged. They become *co-researchers*.

The aim of participatory research is to bring about action in the form of change, while, simultaneously, developing an understanding that in turn again informs the change. The process continues in a cyclical fashion from there and the qualitative researcher is led mainly by the information gathered from participants (Dick, 2002). Unlike quantitative

research methods (which follow reconstructed logic), qualitative research methods follow logic in practice. This type of logic relies on the informal wisdom that has developed from the experience of researchers. Hence, there are no fixed hypotheses that need to be proven. Meaning is captured and discovered only once the researcher becomes immersed in the research descriptions that are retrieved (Neuman, 1997).

PAR is an orientation, rather than a method, to research. The implication thereof is that diverse methods could be utilised in conducting a PAR study (Minkler & Wallerstein, 2003). PAR is also a research paradigm: a family of research methods integrated by a certain set of fundamental principles.

The central characteristic of PAR is the emphasis on community empowerment and knowledge construction through the creation of a collaborative and ongoing relationship with that particular research community (Bhana, 1999). Bhana (1999) as well as Kelly and Van der Riet (2001) state that PAR can be understood in terms of a number of straddling series of tensions:

- Science and practice – PAR researchers, such as Freire (1970) and Reason (1994), note that authentic knowledge of the human social world can only be constructed when attempts are made to change that social world. Such a change is accompanied by a shift in a community's knowledge base. In other words, the research process has a reflexive impact on the research context. Reflexivity subsequently becomes a tool for change. Participants could, among other, begin to make sense and theorise about the research data gathered and start to act in self-directed ways, by offering community-based solutions, to existing community problems;

- Research as empowering – a central aspect regarding PAR is community empowerment through its involvement in the identification of inherent, as well as lacking, resources and skills. This facilitates capacity building: an active process of skills acquisition;

- Researcher and research participant – PAR challenges the positivist position of researcher objectivity. PAR defines knowledge as a shared reality existing

among and between people. The researcher thus aims to *know with* the research participants versus *know about* or provide causal explanations. Research participants mostly contribute through engaging in their natural processes and then verbalising these as such;

- PAR is cyclic and critically reflective. Researcher and co-researchers (i.e. participants) regularly critique and refine earlier cycles of thought, results and methods by using later cycles as frames of reference. In practice this means that action (change and improvement) is followed by critical reflection: What was successful? What was unsuccessful? What lessons were learned? What could be done differently next time? Reflection is then followed by action: the understanding achieved, the conclusions drawn, the plans developed, etc. The entire process is subsequently marked by cycles within cycles.

PAR can thus be seen as a combination of action research *and* participatory research as it draws heavily on the underlying principles of both approaches. In the subsequent sections the concepts *action research* and *participatory research* will be discussed. Subsequent to these discussions the PAR concept will be revisited. Lastly the PAR orientation in this study is discussed.

4.2.1 Action research

Action research wishes to improve some aspect of society, as well as generate knowledge through a single process. Action research is best understood as action *and* research. It is not action for research (doing in order to increase understanding) or research for action (increasing knowledge in order to be applied at a later time), but a coming together of two purposes in a single study or process (Hughes, 2001).

Action research is a process in which groups of people attain critical understanding and improvement of their situation through participatory plans, practices, observations and reflections. The fundamental feature of action research is, according to Kemmis & McTaggart (1988), a collective participatory reflection on systematic objectifications of a community's efforts to change the way they work, constituted by discourse, organisation

and power relations and practice (McTaggart, 1997). At its broadest, action research can refer to any process with the dual aim of changing a situation and producing knowledge.

Action research can therefore be seen as a type of applied social research which can be differentiated from other research methodologies, particularly in the closeness and direct involvement of the researcher. A central aspect is the move away from the traditional role as observer to agent of social change (Neuman, 1997; Uzzel, 1995). The researcher acts as facilitator who supplies the needed information so those who have to make decisions, have access to informed decisions with regard to alternative actions. The researcher becomes part of the *decision making machinery* in order to facilitate research findings in the form of shared experiences.

Neuman (1997) identifies the following characteristics of action research:

- Knowledge is viewed as a form of power;
- The dividing line between research and social action falls away: research is directly tied to social action;
- Participants take part in the research process;
- General (local) knowledge is incorporated in decision making;
- It focuses on power with the aim of empowering the participants and attempts to improve understanding;
- Research is politically orientated and not value free;
- It attempts to improve standards of living by increasing public knowledge;
- It believes that knowledge develops from experience especially political actions; and
- It believes that people can be informed of circumstances and could implement actions in order to improve their living standards.

Zuber-Skerrit (1996) and Uzzel (1995) also identify five defining characteristics of action research:

- It has practical value, since research does not only lead to theoretical and disciplinary advances, but has practical consequences for the participants;

- Is participative and collaborative, attempting to overcome the unequal power relationship between researcher and researched;
- It is emancipatory, liberating those involved from the traditional role of *subject* to participant;
- It is interpretative, where all perspectives and interpretations are valid;
- It is critical, in that all participants engage in a critical analysis of their situation;
- Possible sources of action and constraints on action, which may as a consequence, lead to a change in both their situation and themselves.

Approaches to action research vary. Rappaport (1981) identifies four (4) types of action research namely diagnostical, participatory, empirical and experimental. Carr and Kemmis (1986), Uzzel (1995) as well as Zuber-Skerrit (1996) differentiate among three (3) different types of action research namely technical, practical and emancipatory. Hall (1996) also mentions reflexive critical action research, while McTaggart (1997) speaks of participatory action research where the emphasis is on authentic participation.

In health sciences, all approaches are valid and acceptable: the type chosen and degree of participation will depend on a range of factors including the purposes and objectives, the interests of stakeholders, resources available and institutional context.

Action research shows remarkable similarities with participant observation (which can be viewed as *modernistic qualitative research*). The relationship between researcher and researcher do differ, though. In participant observation the participants open themselves to the researchers while they do not always reciprocate. In action research the researcher acts as full participant of the group, facilitating a more honest, open, transparent and participatory relationship. This research therefore has more flexibility to cope with changes in the research process, researcher, as well as participants, which will inevitably occur during the research process (Uzzel, 1995). Such research also facilitates an in-depth understanding of phenomena which likely would not have occurred if *standard* positivist procedures were used.

4.2.2 Participatory research

Participatory research, the second leg of PAR, arises with the researcher's concern about the politics of research. Questions about control and power, especially in the relationship between the researcher and those being researched, has led post modern ethnographers, feminist researchers and others to collaborate with those who are researched. The researcher's role often becomes that of a facilitator who works collaboratively with research participants. The forms and extent of that collaboration vary. In some cases, participants are involved in every aspect, including establishing research priorities, collecting data, interpreting data and disseminating results. Participatory research does not necessarily seek to change some aspect of society in the way that action research does. An example of participatory research might be a collaborative study of gender bias in employment practices, undertaken by women employed in a government health department, or a survey of the occupational prestige of nurses undertaken by members of a nurses association (Hughes, 2001).

4.2.3 Participatory action research

Participatory action research (PAR) combines the double action research aims of improving some aspect of society through the research process, with concern about the politics of research. Participatory action researchers claim that improving society must involve questions of social justice and participation and that these cannot be separated from issues of control and power. The politics of research involves attention to relationships among researchers, those being researched, other stakeholders and the wider society.

Not all action research, however, is participatory and not all participatory research is action oriented: action research and participatory research are combined in PAR. In PAR a collaborative group of co-researchers combine inquiry, learning and action. Ideally, the collaboration extends to include all those who are likely to be affected by the outcomes of the research and action as participants in decision making about all stages of the research process. In reality, almost all participatory action research falls short of this ideal. However, it is becoming increasingly common for groups of people to investigate social problems of mutual concern and take action for improvement together.

Essentially, PAR is research which involves all relevant parties in actively examining together a current action (which they experience as problematic), in order to change and improve it. They do this by critically reflecting on the historical, political, cultural, economic, geographic and other contexts which make sense of it.

PAR is therefore concerned with changing individuals as well as the culture of the group, institutions and societies to which they belong. These changes are not seen as impositions since individuals and groups agree to work together to change themselves (McTaggart, 1997).

PAR is action which is researched, changed and re-researched, *within* the research process by participants. It is not simply an exotic variant of consultation. Instead, it aims to be active co-research, by and for those to be helped. Rajesh Tandon (1998) identified several characteristics of authentic participation in research namely the participants' role in setting the agenda of the inquiry; their participation in data collection and analysis; as well as their control over the use of outcomes and the whole process (McTaggart, 1997).

PAR, however, should never be used by one group of people to get another group of people to do what is thought best for them (i.e. top-down interventions in community development). Instead, it tries to be a genuinely non-coercive process whereby those to be helped, determine the purposes and outcomes of their own inquiry. Paradoxically, it is quite close to a common-sense way of *learning by doing* (Wadsworth, 1998). Change does not happen *at the end* - it happens throughout the research process. A hallmark of a genuine participatory action research process is that it may change shape and focus over time (and sometimes quite unexpectedly) as participants focus and refocus their understandings about what is really happening and what is really important to them.

According to Gaventa (1988) and Sohng (1995) knowledge becomes a crucial element in enabling people to have a say in how they would like to see their world put together and being run. Callaway (1981) Fernandes and Tandon (1981) Gaventa (1993), Horton (1990) Humphries and Truman (1994), Maguire (1987) and Stanley and Wise (1983) also claim participatory research as a means of putting research capabilities in the

hands of deprived and disenfranchised people so that they can identify themselves as knowing actors, defining their reality, shaping their new identity, naming their history and transforming their lives for themselves. Sohng (1995) quotes Fisher (1994), Kieffer (1984) as well as Kling (1995) when stating that participatory action research is viewed as a means of preventing an elite group from exclusively determining the interests of others, in effect of transferring power to those groups engaged in the production of popular knowledge.

Participatory action researchers in the emancipatory tradition draw on the seminal work of Paulo Freire's, *Pedagogy of the Oppressed* (1972). The core of Freire's approach is to realise the liberating potential of reflection plus action. The combination of theory and practice in a single process (praxis) has potential to overcome the oppressive structures that can result from the alienating duality of mind and body (theory and practice, reflection and action). This is a powerful idea for cultural change. Three goals shape this work: (1) to develop critical consciousness, (2) to improve the lives of those involved and (3) to transform social structures and relationships (Diessner, 1993). In this process, social value is the criterion for deciding whether or not a research question should be pursued. Not everyone is able to achieve these goals, but they remain a guiding set of standards for emancipatory participatory action research work.

4.2.4 The participatory action research orientation in this study

As implied in the aforementioned discussions, this study will be an attempt to emphasise and facilitate a collaborative, non-judgemental and non-hierarchal relationship between myself and the SCC community with the aim of *knowing with* one another. As collaborators in the research process both the researcher - I - and the participants co-learn and educate each other through our interactive cultures, our worldviews and our life struggles.

It is as researcher, my contention that the contextual and liberating aspects of participatory action, especially, renders it applicable to our diverse South African context. It acknowledges context and has an activist component, which includes social transformation. Traditional, white, western approaches are no longer the only yardstick

by which we can evaluate other communities or people, as South Africa, in particular, is a country with vastly different cultures and traditions and experiences.

A key element of research done from a PAR, therefore, lies in questioning the research process. All knowledge produced involves moral and political questions that affect the lives of the people who are *being researched*, including using the language of power, oppression and domination. People who are the objects of research are more often than not those in relatively powerless positions who have no control over how they are being represented in research reports. As a result some research, leads to misrepresentations, highlighting the notion that research is often done *to* people rather than *with* them. The effects of these *truths* could include, among others, oppression, suffering, exploitation and marginalisation of those people positioned at the unfortunate side of these *truths* (Kotzé, 2002). When dealing with crises and trauma, as well as those dealing in crises and trauma, such as counsellors, one has to be careful not to subjugate their subjective experiences. Instead, in a PAR, participation becomes very much a joint process involving participants.

This study serves as a framework where both the researcher and participants can verbalise their understandings of the SCC context and create a shared socially defined reality. A cyclical process of co-empowerment, co-accountability and critical reflection will be emphasised and accordingly emerge as common evaluation threads.

4.3 QUALITATIVE RESEARCH

Qualitative research is a loosely defined as a way of approaching the empirical world through a category of research designs or models, all of which elicit data in the form of descriptive narratives like field notes, recordings, or other transcriptions from audio- and videotapes and other written records and pictures or films (Cooper & Schindler, 2001; Merriman, 1998; Mouton, 1998). Terre Blanche and Kelly (1999) define qualitative research as an interpretive and multidimensional approach to research where investigation occurs within research participants' natural environment or context.

Qualitative research is interpretive in the sense that non-numerical data such as pictures, words and observations are used. The non-numerical data are then interpreted

to identify the underlying themes. In terms of a multidimensional approach, qualitative research comprises of a number of data gathering methods. When employing a qualitative approach the researcher attempts to gain a better understanding and provide a detailed description of a specific phenomenon, i.e. explain the phenomenon differently.

It must be noted that a differentiation can also be made between modernistic and post modern qualitative research. Post modern qualitative research is much more orientated to change and participation of participants in comparison than modernistic approaches to qualitative research. In this sense, this study can be seen as post modern qualitative, due to its participatory action components.

Qualitative research is also called interpretive research, naturalistic research, phenomenological research (although this can mean a specific kind of qualitative research as used by some) and descriptive research. No nice neat definition really encapsulates qualitative research. It is as much a perspective as it is method(s) (Denzin & Lincoln, 1994).

In support of the above discussions, Terre Blanche and Durrheim (1999) state that qualitative research can be described according to the following three dimensions:

- Etiology (the nature of the reality to be studied). The qualitative perspective discards the logical and positivist position of an external and objective reality. In contrast, it is grounded in the assumption that multiple realities are socially constructed through individual and collective definitions of particular circumstances, i.e. a naturalistic and phenomenological philosophy;

- Epistemology (the relationship between researcher and research participant). While quantitative research emphasises the objective stance of the researcher as well as the use of instrumentation, the qualitative approach emphasises subjectivity. The qualitative researcher acts as a research instrument and through a process of disciplined subjectivity examines the research data in a responsible fashion;

- Methodology (the process of studying phenomena). In contrast to quantitative studies where a pre-established research hypothesis is empirically tested,

qualitative research is concerned with discovering the research context. In other words, an interpretative and dialectical process marked by qualitative research techniques allows the research subject's world to emerge.

4.3.1 This study as qualitative

In this study I will reflect on the Sinoville Crisis Centre's (SCC) experiences within the field of crisis intervention. Thus, I make the following assumptions:

- The subjective and internal realities of participants are socially constructed and real (etiology);
- The most appropriate way to understand these subjective and internal realities is for the researcher - myself - to become inter-subjectively and empathically involved (epistemology);
- Interactive and interpretive qualitative techniques and strategies are the most appropriate methodology to employ in studying the SCC context (methodology).

In line with principles and requirements of qualitative and PAR, my subjective relationship with the SCC became an area of utmost importance to this study.

Throughout this study, therefore, the reader will notice references to my subjective relationship with the SCC. In conducting this study, this relationship has offered many advantages, yet also presenting several obstacles to overcome.

4.3.1.1 The researcher's subjective relationship: advantages and challenges

During this study, I came to consider my subjective relationship as providing several advantages:

- My subjective involvement provided a good fit with the selected PAR and qualitative methodologies (discussed in preceding sections);

- Access to local knowledge was facilitated *via* my personal relationship with the SCC. At the time of documenting this study, I have been working as a SCC

counsellor for five years and served on the management committee for one year. This working relationship afforded me the opportunity to become accustomed with the local SCC values, norms and culture. An understanding of this, often unwritten, culture of doing things, provided me with first hand access to local knowledge that assisted in the completion of the study;

- Throughout my time as a SCC counsellor I was afforded the opportunity to converse with numerous SCC counsellors about a variety of crisis and trauma-related aspects. Being able to tap into this source of local SCC knowledge allowed me to forge an improved understanding of crisis and trauma theory in practice as well document a multitude of additional information that could not be captured by means of personal interviews alone.

I was also confronted by the following challenges:

- During my years of SCC work, I befriended, on a professional level, numerous other SCC counsellors. Conducting a study of this nature that reflects on the SCC workings, could be regarded as being sensitive in nature. Numerous individuals have invested much effort and personal sacrifice into the SCC. The threat of damaging such personal relationships was great and demanded a great deal of sensitivity from myself. Yet, the risk of damaging personal relationships should be balanced with a strong degree of academic and research integrity. It was imperative for participants to grasp the essence of this study: an attempt to comprehend the SCC in its complexity, to provide an account of its efforts to deliver crisis intervention services and emphasise continued and sustained development;

- I also had to review and reflect on my personal investment. During a supervision session, the supervisor to this study made an important remark:

  On the one hand the research is to be evaluated on what is written in this dissertation. It subsequently requires an objectively disciplined and ethical approach. At the same time, however, this study reflects on the SCC's

processes, thus creating the opportunity for praise and the threat of 'hurt feelings'.

To manage these sensitive issues and to attempt to retain a balance between subjectivity and objectivity, I decided to engage in a continuous process of critical (self) reflection while conducting the research.

4.3.1.2 Critical Reflection

The rationale for utilising critical reflection in this study is based on the following assumptions as discussed by Maimane (2005):

- Critical reflection is a principal method of assessing progress and success in learning endeavours by assisting to create greater levels of awareness by attempting to understand what, why and how things are done;
- It allows one to understand underlying motivations, rationales, activities and results from various perspectives;
- It creates continuous feedback loops and cycles of thoughts and actions that allow for correction of mistakes and advancement of correct actions; and
- Critical reflection facilitates a formative process of searching for, identifying and resolving problems and resulting limitations.

Throughout the study I constantly documented and reflected on my subjective involvement via memorandum writing. Writing memorandums is an essential assignment relevant to every phase of the qualitative data analysis process (Atlas.ti, 2004). The subjective experiences and *hunches*, thoughts about theory and theory building as well as ideas described in memorandums are often the *pieces of a puzzle* that are used in report writing.

To remain subjectively disciplined, I therefore made use of a specific critical reflection framework such as proposed by Maimane (2005). Maimane's (2005) critical reflection framework is focussed on action learning. It is a formative process aimed at improvement of practice by asking questions such as "what is not working and needs to be improved?" and "what is working and needs to be accelerated?" Such questions are

pursued through collaborative and cyclical processes that emphasise “reflection-in-action” (what is being done?) and “reflection-on-action” (why is it being done?).

The decision to utilise the above critical reflection framework is based on the assumption that action learning and action research are closely related processes with a slight distinction (Dick, 1997). While action learning participants tend to draw different learning from different experiences, action research participants draw collective learning from a collective experience. Both processes do, however, emphasise the following learning cycle: action→reflection→ action. Thus, in each of the methodologies action informs reflection and reflection informs action: reflection produces the learning (action learning) or research (action research) and leads to further learning or research.

4.4 RESEARCH METHODOLOGY

A research strategy was specifically designed to address the aims of this study. This strategy is graphically presented on the subsequent page as figure 4.1.

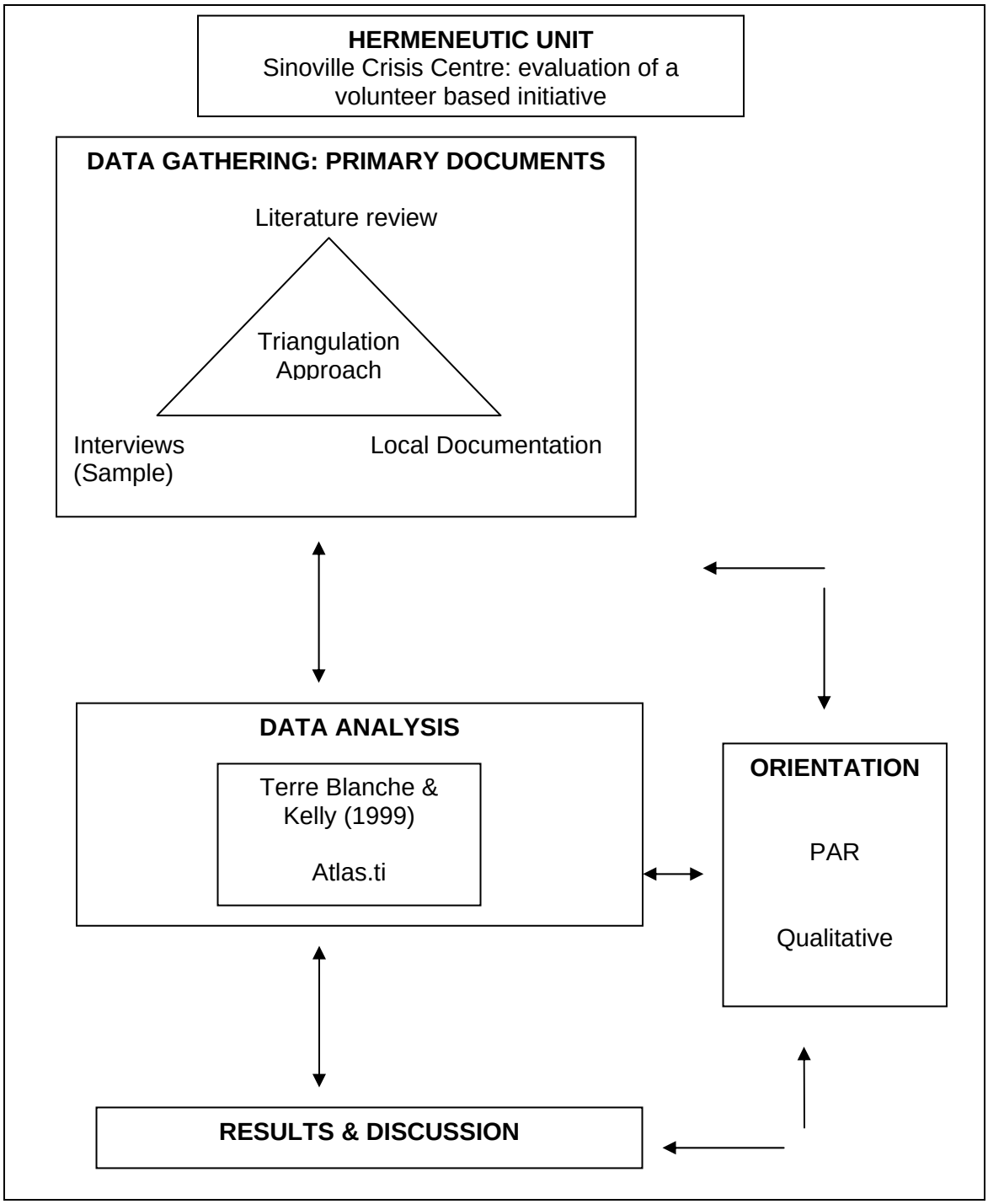

Figure 4.1: Overview of the research strategy

The research strategy, as presented in figure 4.1, is now discussed.

4.4.1 Hermeneutic unit

The hermeneutic unit refers to the study being undertaken, i.e. an evaluation of the SCC.

4.4.2 Primary documents

Primary documents refer to the data collection methods utilised for this study. Two important aspects need to be considered here:

- Identification of the sample; and
- Identification of the data collection methods.

4.4.2.1 Sampling: selecting the participants

Sampling involves the selection of subjects or participants from a larger population for inclusion in a study (Van Vuuren & Maree, 1999).

From a quantitative perspective, representative sampling is important as to ensure external validity: i.e. generalisation of the research findings. From the qualitative perspective, however, sampling is considered to be a dynamic and study-specific process. It is not uncommon, therefore, for the qualitative researcher to make use of purposeful sampling.

With purposeful sampling the researcher opts to include only information rich cases (Van Vuuren & Maree, 1999). That is to say only those cases that can best answer the research question, at the cost of a representative sample, are considered for inclusion. Sample size may vary between one and forty participants. Generalisation of findings is not regarded as a significant outcome. Emphasis is rather placed on gaining a better and in-depth understanding of the investigated phenomena.

Purposeful sampling, therefore, is an acceptable kind of sampling for special occasions, namely selecting cases with a specific purpose in mind. Since this study aims to select specific information, I therefore decided to make use of purposeful sampling.

My decision was based on three sets of criteria:

- I am adopting a case study approach. That is, a single institution, the SCC, is being studied intensively;

- The SCC grants me, the researcher, direct access to numerous information rich research participants; and

- The aim is not to generalise findings (quantitative) but rather interpretive (qualitative) in nature.

In conjunction with the co-supervisor eight (8) SCC counsellors were selected to participate in this study. The purposefully selected sample of counsellors could, from our perspectives, have been able to provide information rich data. Subsequent to the research interviews, however, one (1) participant requested to be removed from the research process. Citing personal reasons as motivation for this decision, I respectfully agreed to the request. This meant that the specific research interview was not to be utilised as part of the data analysis process. The final sample size thus consisted of seven (7) purposefully selected SCC counsellors.

Selection criteria that were used to decide on the sample group included:

- Counsellors' experience and knowledge of working within the SCC system;
- Experience and knowledge of counselling, psychology or related fields; and
- The quality of relationship that existed between me, fellow SCC counsellors and the SCC system.

By utilising the aforementioned criteria, judgements were made in terms of personal knowledge of the participants as well as crisis case reports filed by counsellors. Case reports were regarded as indicative of the counsellor's experience and knowledge gained within the SCC context as well as other relevant and related fields and the practical application thereof.

In an attempt to remain respectful to all SCC counsellors, an open invitation was forwarded to all other SCC counsellors who, in addition to the purposeful sample, might

have been interested to make contributions. In other words, counsellors who were not identified via the aforementioned process were afforded the opportunity to, notwithstanding, still participate and make important contributions.

I did, however, restrict the sample size to a maximum of 10 (N = 10) due to methodological considerations. Qualitative samples often seem small compared to quantitative samples due to the issue of external validity. While larger quantitative samples allow researchers to draw more valid conclusions from their studies, a larger qualitative sample threatens redundancy. What this means, is that a saturation point is reached where no new insights seem to emerge from the data and the information becomes repetitive (Neuman, 1997). According to Terre Blanche and Kelly (1999) 6-8 participants, or data sources, will suffice for a homogeneous qualitative sample. Since the SCC counsellors are a homogeneous group (mainly white, female and middle aged), I concluded that the information obtained from a sample group larger than N = 10 could provide repetitive information and become redundant.

Another consideration was costs involved. Interviewing is, potentially, an expensive process (Cooper & Schindler, 2001). Adding additional participants, with the threat of redundancy in mind, could exacerbate the cost-gain ratio.

Practical considerations also played a role. It was decided to limit the sample size in order to maximise participation during the focus group interview: this factor has a direct implication for the number of participants included in the individual interview process.

Yet, despite the aforementioned arrangements no counsellors, other than those selected, took me up on the offer.

The frequency distributions of the participants that accepted the invitation and formed the sample group are set out in Tables 3.1, 3.2 and 3.3 below and subsequently reflected on.

Table 3.1: Frequency distribution: Age and sex

N=7		
Age	**Male**	**Female**
20-30	0	0
31-40	0	2
41-50	0	3
51-60+	1	1

Table 3.2: Frequency distribution: Race

N=7		
Race	**Male**	**Female**
Black	0	0
White	1	5
Coloured	0	1

Table 3.3: Frequency distribution: Years of service

N=7		
Years	**Male**	**Female**
1	0	1
2 – 3	0	2
4+	1	3

4.4.2.1.1 Reflection on the sample group

When reflecting on the sample group selected two (2) important aspects emerge, namely:

- Sensitivity in selection the sample group; and
- Diversity and representativeness of the sample group.

These aspects will now be discussed.

4.4.2.1.1.1 Sensitivity in selection of the sample group

A concern I had with the selection of the sample group was that only a small number of the SCC counsellor population will form part of the study. This created the situation where some counsellors might not be selected and feel that they could have contributed greatly to the study. A preventative measure was put in place to manage such a situation.

Prior to initiating the study the SCC co-ordinator proposed that I perform a short presentation on the proposed project. This presentation was done during one (1) of the SCC's compulsory monthly meetings. I addressed the following aspects during this presentation:

- Aims of the study;
- Relevance of the study;
- Research methodology, including the procedure and criteria for sample selection. I also reiterated that the sample will be selected in a subjective manner. Therefore I urged any counsellors who were not approached to form part of the sample group and wished to, to discuss the matter with me and then they could, within parameters of reasonable fairness, join the interview process;
- Data analyses; and
- Dissemination of the results.

4.4.2.1.1.2 Diversity and representativeness of the sample group

On reflection it may seem that the sample group is not diverse and representative. However, when considering the compilation of the SCC counsellor population, the diversity and representativeness of the sample group can be placed in an appropriate context. The SCC counsellor population is made up of thirty (30) persons (P = 30).

The frequency distributions of the SCC counsellor population are set out in Tables 3.4, 3.5 and 3.6. It is important to consider that my data as SCC counsellor are also included within the subsequent frequency distributions.

Table 3.4: Frequency distribution: Age and sex

P=30		
Age	**Male**	**Female**
20-30	1	1
31-40	1	5
41-50	1	7
51-60+	2	12

Table 3.5: Frequency distribution: Race

P=30		
Ethnicity	**Male**	**Female**
Black	0	0
White	5	24
Coloured	0	1

Table 3.6: Frequency distribution: Years of service

P=30		
Years	**Male**	**Female**
1	1	6
2 – 3	0	11
4+	4	8

It can be deducted that the SCC counsellor population is made up of mostly middle aged white women (24). The purposefully selected sample is thus relatively representative of the SCC population. However, the inclusion of additional male participants could have added a different dimension to the data that emanated from the interview process.

4.4.2.2 Data collection methods

As presented in figure 4.1, I made use of a triangulation data collection approach. A triangulation approach refers to the use of multiple data sources and perspectives in order to evaluate, check and optimise findings (Kelly, 1999).

The following data collection methods were selected for this study:

- Literature review;
- Interviews; and
- Local documentation.

4.4.2.3 Literature review

According to Cooper & Schindler (2001), a literature review places a research study in an understandable frame and context. The literature review provides a theoretical grounding for the study; conceptual, operational and methodological definitions; and assists in articulation of the research purpose and questions.

As discussed in Section 4.3, my involvement with the SCC has been characterised by a melting pot of insightful challenges that begged the question: “Are the services effective?”

To find answers to these uncertainties, a logical starting point was to consult the crisis intervention literature.

A central theme emanating from relevant literature was *tension*. Firstly, tension concerning different perspectives regarding the effectiveness of short-term crisis intervention and debriefing services. Secondly, much of the research was conducted in developed countries - in contrast to our unique South African situation. Thirdly, no other directly relevant research publications in South Africa could be found. In this sense, this study could then also be considered a pilot or explorative study.

It is actually quite difficult to determine the demand and supply or even effectiveness, of crisis intervention in South Africa. There are numerous methodological issues that need to be addressed by researchers in developing countries. One of these, the former race segregation of public hospitals and mental health services, described more than a decade ago by Brown and Nell (1991), is unique to our rainbow nation and continues to linger and haunt us. Others are common to all developing countries, such as incomplete and unreliable archival information in hospital records, inadequate research funding (which necessitates low cost epidemiology), a colonial legacy that has skewed health care structures in favour of the colonial rulers and their successors and the very high rates of violence-related injury and death in those countries. Current and relevant data for South Africa is therefore lacking, particularly with regard to mental health, since there seems to be no comprehensive mental health information management system (Pretorius-Heuchert & Ahmed, 2001).

This literature reading did, however, allow me to identify a key issue to this study*: the role of volunteer crisis centres is imperative within the South African Victim Empowerment Programme*. Yet, many of these crisis centres are not able to sustain its longevity (Nel & Kruger, 1999).

The following ideas were generated by my explorations: the SCC has been in existence since 1999. Could they justify a conclusion that something is being done right? If so, what could that be? Has it been smooth sailing all along? And what lessons could be learned to enhance future sustainable development?

The literature review thus encouraged and facilitated a cycle of ever deepening understanding of the crisis intervention field, as well as the particular approaches utilised in this study.

4.4.2.4 Interviews as data collection method

An interview is a two-way dialogue instigated by an interviewer to acquire information from respondents. The main advantage of interviewing is that this method allows for a great depth of quality information to be obtained (Cooper & Schindler, 2001). Aspects

such as values, preferences, beliefs, motivations and non-verbal behaviour can be judged (Leedy & Ormrod, 2001).

In addition, interviewing provides several advantages such as flexibility – answers and comments can be explored in greater detail and the sequence of questions can be used in a participant-specific manner. Additional questions can also be utilised. Interviews also have a higher response rate than, for example, questionnaires. Communication, furthermore, is enhanced through observation of non-verbal behaviours.

Interviews do, on the other hand, pose several challenges:

- It is a costly and time consuming process;
- Interviewer bias – the interviewer may misinterpret a participant's response to a particular question;
- Confidentiality – the interviewer and participant find themselves in a face to face situation and accordingly there exists a lesser degree of anonymity;
- It cannot lend itself to numerical analysis such as required by mainstream positivist scientific communities for generalising to larger populations. However, qualitative research methods are also not interested in generating "the truth" or universal truths. Instead the focus is in-depth analysis of an individual's subjective experiences and meaning-making, personal definitions, metaphors, symbols and description of specific cases (Neuman, 1997); and
- Interviews also involve researcher effects. In an interview the characteristics of the researcher as well as of the participant will influence willingness to participate and to answer truthfully (Breakwell, 1998).

There is, however, no evidence to suggest that interviews as a data gathering technique, yield data which are less valid or reliable than other methods (Breakwell, 1998). Like any self-report method, interviews also rely upon participants' being able and willing to give accurate and complete answers to questions posed, whether these questions are close-ended or open-ended.

Closed-ended questions allow research participants to provide only a limited number of responses (Cooper & Schindler, 2001; Leedy & Ormrod, 2001). Open-ended questions

on the other hand, are used when exploring different, creative and complex ideas, feelings and perspectives (Cooper & Schindler, 1999; Leedy & Ormrod, 2001).

For this study, I have selected interviewing as a data collection method, in a multiple interview format. Since the aim of this study is to reflect on and gain an understanding of the SCC's thoughts, principles, successes and failures in a qualitative manner, interviewing lends itself to this kind of an endeavour (Terre Blanche & Kelly, 1999).

Utilising a multiple interview format as proposed, contributes to meaning-making. Multiple interviews include semi-structured or unstructured interviewing, open-ended interviews and interviewee-guided investigations of lived experience (Reinharz, 1992). These methods facilitate *free* interaction between the researcher and participants. The precise questions and their order are not fixed; they are allowed to develop as a result of the exchange with the respondent (Breakwell, 1998). Some questions are developed beforehand in order to direct the course of the conversation to the relevant topic and each participant is asked these questions systematically and consistently, while the interviewer retains the freedom to probe further in response to the answers received in order to illuminate deeper meanings and experiences.

The semi-structured, or, multiple interview formats, involve a balanced approach between the structured and unstructured interview procedures. While making use of a pre-determined interview schedule, I will be afforded the luxury of remaining participant-specific and thus making the required modifications as required.

This format also allows me to remain focussed and explore the research aims while steering clear of irrelevant information. Participant responses cannot, as a function of this study, be structured according to exact standard response categories as provided by closed-ended questions or a fixed structured format. Rather, I was searching for creative self-expression that allows for an in-depth understanding - as can be explored by such an interview approach.

4.4.2.5 Interview planning

This study's methodology draws from two particular research paradigms, namely PAR and qualitative research. Both paradigms accentuate the importance of participation, i.e. people playing an active role within the research process. The people involved can accordingly be described as research resources. To enhance the effectiveness of research resources, it should be managed appropriately. The following interview format was utilised to effectively manage research resources as part of the interview processes:

I) Pre-interview

The pre-interview component focussed on a central aspect: groundwork. Firstly all potential participants were contacted, a short overview of the interview process explained and a meeting date and time arranged. Next, those participants who agreed to participate were sent an information letter that provided interview-specific information as well as a participation agreement form (Appendix A and C).

The aim of the aforementioned was five fold:

- To inform participants about the aims of the study;
- To draw attention to the ethical guidelines that governs social science research and to ensure an understanding of the participant role and establish expectations;
- To reduce anxieties and ease potential sensitivity regarding participation in this study;
- To ensure understanding of the interviewer's role and expectations; and
- To stimulate ideas regarding contributions to the interview.

In addition to the aforementioned the following practical arrangements, as mentioned by Terre Blanche and Kelly (1999), were put into practice:

- A SCC consultation room that had adequate seating (especially for the focus group interview) and provided sufficient privacy from unduly disturbances was booked for each interview;

- Since all interviews were tape recorded I made sure the sound environment was not going to drown the recordings; and
- Ensured that the tape recording equipment worked. I also ensured there was an adequate supply of blank tapes in the event that an interview exceeded the 90 minute time limit.

II) During the interview

During both the individual and group interviews the following principles were put into operation:

- I entered the interview process on the basis of prescribed interview principles and guidelines (Leedy & Ormrod, 2001; Schindler & Cooper, 2001;Terre Blanche & Kelly, 1999), namely:
    - Established rapport;
    - Respect, empathy, integrity and courtesy;
    - Confidentiality;
    - Asked permission to and then tape recorded the interviews;
    - Made notes of activities that may not be obvious from listening to the tape recording or reading the transcribed text;
    - Exploration versus probing;
    - Not putting words in participants' mouths;
- Revisited the study aims and ethical guidelines - I made an opening statement that summarised the aims of the study as well as the ethical guidelines regarding participation (Appendix C). Participants were given the opportunity to pose questions and make comments or contributions;
- Revisited the aims of the interview as well as the participant and researcher expectations of the interview in order to establish a shared goal;
- Answered and addressed any concerns participants had;
- Posed the open-ended interview questions as it appears on the interview schedule (Appendix B). The only changes made were in the event that the researcher further explored participant responses;
- I rephrased my understanding of the comments made by participants;
- Kept participant comments relevant to the interview questions;

- At the close of the interview the outcomes were revisited and I thanked the participants for participating in the study; and
- Interviews were limited to between 60 - 90 minutes.

III) Post interview

Following each interview I engaged in a process of critical reflection. The post meeting reflection process indicates the beginning of the data analysis process. The aim of the reflection process was to gain a better understanding of the information provided by participants, to correct errors that might have occurred and to plan subsequent actions (Appendix D).

4.4.2.6 The focus group interview

Subsequent to the individual interviews, a focus group interview was arranged for the 12th of September 2006. The purpose of the focus group interview was to allow all participants the opportunity to share their individual experiences, thoughts, feelings and perceptions regarding the study as well as reflect on the individual interviews in a shared space. Additionally, participants were afforded the opportunity to add information that they may have become aware of subsequent to the individual interview process.

All seven (7) SCC counsellors who participated in the individual interviews, were involved in the focus group interview.

Prior to the focus group interview the following arrangements were made:

- I listened to all tape-recorded interviews at least once;
- I made notes on aspects and potential themes that seemed to be emerging at this early stage of data analysis;
- The aforementioned notes were used to draft an interview schedule for the semi-structured group interview; and
- I engaged in a process of critical reflection (Appendix D).

The interview schedule as well as a summary of the focus group interview is provided in Appendix F.

4.4.2.7 Local documentation

Local documentation, such as unpublished SCC articles, training materials and historical accounts of the SCC that depicts, among other, subjective experiences and critical reflections were utilised as data in conducting this study. Such documentation provides valuable information regarding the SCC within its natural setting or context.

4.4.3 Data analysis

Qualitative data analysis is primarily an inductive process, although it can also be a deductive process, of categorising real life events and phenomena (data), identifying relationships and placing it into some kind of a framework (Terre Blanche & Kelly, 1999). It involves a process where a researcher becomes familiar and immerses with the data in order to categorise, code, compare, thematically synthesise and provide a contextually bound explanation (versus universal explanations) (Terre Blanche & Kelly, 1999).

4.4.3.1 Data analysis in this study

My understanding of qualitative data analysis is that it is rarely a neat and precisely organised configuration. Rather, it is a flexible process of discovery that is characterised by cyclical evolvement. It does, however, require a disciplined and respectful interaction with the data. In other words, a structured approach to a seemingly unstructured process, is required. To address the aforementioned I will utilise the qualitative data analysis procedure described by Terre Blanche and Kelly (1999).

4.4.3.2 Qualitative data analysis procedure in this study

The data analysis process described by Terre Blanche and Kelly (1999) can be described as generic qualitative research because it is characterised by description,

basic content analysis, interpretation, thematic coding and understanding. Terre Blanche and Kelly (1999) state, as I mentioned earlier, that qualitative data analysis rarely follow an exact sequence and order. The process does, however, provide a structure for the, seemingly, unstructured. The data analysis process presented by Terre Blanche and Kelly (1999) will now be briefly discussed.

4.4.3.3 Familiarisation and immersion

While collecting data I initiated the data analysis process. The boundaries between qualitative data collection and analysis were not clearly delineated. By reading through and transcribing interview transcripts and memorandums, I familiarised and immersed myself in the data. This stimulated initial ideas on the data and was noted by the researcher in the form of further memorandums. A process characterised by cycles within cycles (constant reflection) was thus set in motion.

4.4.3.4 Coding

Subsequent to familiarisation and immersion the data was broken down into analytically relevant ways. I refrained from interpreting the data at this point and attempted to remain true to the text. The coded data was then labelled as being important or part of other codes.

4.4.3.5 Inducing themes

To uncover the principles that were naturally underlying the data and coded bits, I started to construct thematically relevant codes or themes. This was a higher level of conceptual coding than coding discussed in the preceding sections.

4.4.3.6 Elaboration

Through the process of elaboration I attempted to explore themes more closely in order to capture the finer nuances of the meanings in the text. This process continued until no further significant insights emerged from the text. Once again this process can be described as a higher level of conceptual thematic coding than *inducing themes*.

4.4.3.7 Interpretation and checking

Next, the interpretation of data was provided. This involved a written account of the relevant data, contextualised in relation to relevant literature where applicable. The written account is presented in chapter 5 (Research Results) and elaborated upon further in chapter 6 (Conclusion and Recommendations).

4.4.3.8 Software programme

All individual research interviews were transcribed a summary of the group interview was made (all included in Appendix E). The qualitative data analysis software programme Atlas.ti (2004) Version 5, 2nd edition was utilised to manage the aforementioned data analysis procedure.

4.5 ETHICAL GUIDELINES

Within the field of social science research, the use of human research participants or subjects is everyday practice. Whenever humans form part of a research endeavour, ethics is highlighted. Artz and Themba Lesizwe (2005), Huyseman (1994) and Locke, Spirduso and Silverman (1993) describe ethics as a set of widely accepted moral principles that offers rules and behavioural expectations about the most correct conduct towards experimental subjects, respondents and other relevant stakeholders. Ethics can thus, from a research perspective, be said to communicate a set of values, norms and standards utilised to evaluate research strategies.

4.5.1 Fundamental ethical principles

Artz and Themba Lesizwe (2005) and Cooper and Schindler (2001) identify some fundamental principles that govern ethical research practices, namely autonomy, nonmaleficence and beneficence. These will now be briefly discussed

4.5.1.1 Autonomy

This principle requires one to respect the autonomy of all research participants. In other words the following should be addressed:

- Informed consent – all participants should receive a relevant, understandable, non-technical, thorough and honest explanation of the aims of the research, the advantages and disadvantages involved and the tasks they are expected to perform. The aforementioned should allow participants to make an informed decision regarding their participation in the study. However, to ensure such a valid understanding and informed consent the researcher should be available to answer any questions that participants might have;

- Confidentiality – although often taken for granted, the researcher should be sure to discuss all confidentiality parameters with all participants. Confidentiality means that the participant's disclosures are protected against unwarranted access (Babbie & Mouton, 1999). It furthermore communicates the certainty that the participant's privacy is protected. By assuring confidentiality, the researcher provides the participant with the following information:

    - How both raw and processed data, will be gathered, processed and stored as well as who will have access thereto;

    - How and in what format data and results will be published.

- Right to withdraw from the study – participants should be allowed to decide when, where and to what extent they want to participate and keep participating in the study.

4.5.1.2 Nonmaleficence

Nonmaleficence means that participants should be protected against all forms of physical, emotional and social harm, i.e. first do no harm. All potential sources of potential harm should be predicted, identified and addressed in an appropriate and

timely manner. Participants should also be informed against such potential risks as well as the steps taken to prevent or avoid such threats.

4.5.1.3 Beneficence

Researchers are expected to develop research studies that will be of benefit to either the research context or at least to the research community.

4.5.2 Applying ethical principles in this study

The autonomy of participants was respected at all times:

- All participants received a comprehensive briefing about the research and I was available to answer any questions that they could have. Consequently, all participants were afforded the opportunity to make an informed decision regarding their participation;

- Once participants provided consent and participated in the research study, all disclosures (for example responses during the research interviews) were treated confidentially;

- I furthermore explained to all participants how the raw would be stored and managed as well as on the publication formats of the results. No participant was forced to participate and all were free to withdraw from the study or retract their disclosures at any time; and

- I requested all participants to sign a consent form (Appendix C).

In addition to the above, the study had the potential to be a valid contribution to the SCC's existing functioning (beneficence) by working from a formative assessment perspective: i.e. the emphasis is on advancing strengths and identifying, eradicating and correcting weaknesses.

Participants were not exposed to situations or interventions that involved physical, emotional or social harm (nonmaleficence).

The aforementioned ethical principles were implemented and communicated by means of personal, verbal and printed communication to all the research participants (see Appendices A and C).

4.6 INTRODUCTION TO CHAPTER 5

The purpose of chapter 5 is to discuss the applicability of the research methodology and set out the unification of the data in terms of the triangulation approach. Additionally the data analysis that was collected form the semi-structured interviews will be presented. Subsequently themes and applicable sub categories that emerged from the data analysis are presented, discussed and integrated with relevant theoretical perspectives.

CHAPTER 5

RESEARCH RESULTS

5.1 INTRODUCTION

The purpose of this chapter is to discuss the applicability of the research methodology, set out the unification of the data in terms of the triangulation approach and to analyse data collected from the semi-structured interviews.

5.2 APPLICABILITY OF RESEARCH METHODOLOGY: THE PARTICIPATORY ACTION RESEARCH AND QUALITATIVE APPROACHES

To address the aims of the study a triangulation approach was utilised. Three sources of data were gathered, namely:

- A review of the literature;
- SCC local knowledge and personalised knowledge; and
- Research interviews.

In this section the emphasis is placed on the research strategy that was developed to address the aims of this study. This research design draws from two research paradigms namely participatory action research (PAR) and qualitative research.

As researcher it is my contention that the qualitative and PAR methodologies assisted to achieve a conclusive outcome in this study. More specifically, these research methodologies enabled me to:

- Emphasise and facilitate a collaborative, non-judgemental and non-hierarchal relationship with the SCC community, with specific reference to the sample group;
- Learn and be educated by the participants in this study (hereafter referred to as participants) by engaging in dialogue;
- Gather, analyse and interpret the subjective and internal realities of participants;

- Become inter-subjectively and empathetically involved in the SCC context via a critical study and reflection on local knowledge and my relationship with participants; and
- Utilise interpretive qualitative techniques and strategies to study the SCC context.

In essence, the qualitative and PAR methodologies allowed me serve the commitment to "…study human experience from the ground up" (Terre Blanche & Durrheim, p. 429).

5.3 UNIFICATION OF DATA

Various sources of data were collected throughout this study via a triangulation approach. The SCC local knowledge, the researcher's personal experience as well as information obtained through the literature study are unified as a result of the interview process.

In the subsequent sections, data obtained through the semi-structured interviews will be analysed and discussed. More specifically the data will be selected, categorised, compared, synthesised and interpreted in a disciplined and respectful manner. Possible explanations and interpretations of unfolding phenomena are presented and conceptualised by utilising various theoretical perspectives as maps to guide the way.

5.4 DATA FROM THE RESEARCH INTERVIEWS

Semi-structured individual interviews were conducted with seven (7) SCC counsellors and subsequently transcribed. A semi-structured group interview was conducted as a follow up to the individual interview process. The transcribed interviews were analysed by making use of the Atlas.ti version 4, 2nd edition software programme.

Three primary themes and relevant sub categories emerged from the data analysis. The themes and sub categories include:

- **Paradoxical relationship: salutogenesis and pathogenesis**
  - The Sinoville Crisis Centre counsellor: a salutogenic orientation
    - Sinoville Crisis Centre volunteers in a social supportive capacity
    - Sinoville Crisis Centre volunteers: involvement
    - Sinoville Crisis Centre counsellors: the need for growth
    - Sinoville Crisis Centre counsellors: conclusion
  - Sinoville crisis centre clients: pathogenic experience
    - Sinoville Crisis Centre clients: all clients are unique
    - Sinoville Crisis Centre clients: all clients have universal reactions
    - Sinoville Crisis Centre clients: unique, universal or both?
  - Crisis intervention
    - Participants feedback: crisis intervention
    - The effectiveness of crisis intervention: dots connect in hindsight
    - Conclusion: honour pathogenesis and celebrate salutogenesis

- **Strengths and weaknesses**
  - Sinoville Crisis Centre strengths
    - Sinoville Crisis Centre leadership
    - Sinoville Crisis Centre volunteers
    - Networking with other role players
    - Strengths in summation: a function of client needs
  - Weaknesses
    - Weaknesses: the relativity of strengths
    - Counselling hurdles
    - The Sinoville Crisis Centre in developmental crisis

- **The counselling paradox: growing through the crises of others**
  - The secondary impact of caring: a continuum of responses
  - Mobilisation of resources
  - The counselling paradox: re-emergence of pathogenesis and salutogenesis

The aforementioned themes are interdependent and subjective interpretations. The themes ought to therefore not be interpreted as neutral expressions of truth. Rather, the themes ought to be appreciated and interpreted within the context of the literature contained within this study, as one of any number of subjective *truths* that synergistically co-exist to create a whole that is more that the sum of the parts. As with the discussions and interpretations presented throughout this study, I do so from my subjective perspective without implying that my perspective is the only one. I therefore invite the readers to interpret, conceptualise and make appropriate conclusions in a truly qualitative tradition.

Readers should take note that the majority of interviews were conducted in Afrikaans. All translated quotations are indicated as such.

5.4.1 Paradoxical relationship: salutogenesis and pathogenesis

Crisis is a paradoxical construct that warns against impending danger and calls out in anticipation of potential growth. This particular theme highlights the crisis paradox by drawing on the theoretical concepts *salutogenesis* and *pathogenesis*. From the research interviews the role of the SCC counsellor was interpreted as a salutogenic orientation. The SCC client was conceptualised and construed from a pathogenic perspective. Subsequently, the *crisis intervention* concept was postulated as a nodal point that connects the two (2) continuum extremities, salutogenesis and pathogenesis.

5.4.1.1 The Sinoville Crisis Centre counsellor: a salutogenic orientation

South Africa is a country rife with violence and an overwhelming social crisis that affects everyone (Cochrane et al., 1991). It is against this backdrop that Strümpfer (1995) expresses the need for a psychology and philosophy concerned with strength and hope. In the spirit of Strümpfer's call, a group of committed SCC volunteers aim to assist clients to manage and grow through life's inevitable stress, crises and trauma. Strümpfer's (1995) longing for a strength and hope based psychology and philosophy, as well as the SCC's efforts, encapsulate the essence of Antonovsky's (1979, 1985, 1987) salutogenic orientation, namely *life is stressful, yet people survive*.

What emerged from the data analysis was that the SCC is a community based organisation that advocates a philosophy concerned with strengths in a country marked by ever increasing levels of violence. Informants were very specific that the SCC, and other related services, are imperative and meaningful within the South African context. This is illustrated by the following quote:

"I believe 100% in the need for a crisis centre. When considering South Africa's crime statistics, it makes you wonder why there is not more crisis centres. Everybody talks about crime. The police, tourism, everything is linked to crime. It makes so much sense: what happens to the crime victims? The validity and sustained development of the SCC is non-negotiable. I feel very strongly about that" [Translated from Afrikaans to English by the researcher].

In terms of Antonovsky's (1979, 1985, 1987) salutogenic theory, the SCC can be described as a generalised resistance resource (GRR). More specifically, the SCC can be depicted as an interpersonal relational aspect that exists in a country marked by omnipresent stress. Furthermore the SCC is, although not exclusively, focused on the needs of the poor. The poor are often deprived of protective factors and as a knock-on consequence disproportionately victimised (Louw & Shaw, 1997; Nel & Kruger, 1999). The SCC, as a GRR, aims its services delivery at the community's call for social support in order to facilitate a process of coping with, managing, avoiding or combating stressful events.

5.4.1.1.1 Sinoville Crisis Centre volunteers in a social supportive capacity

To attend to the community's call for a social supportive service, the SCC makes use of volunteers. To date the SCC has had a wealth of volunteer workers and this is, apparently, contradictory to norm.

According to Kruger and Chandler (2005) and Nel and Kruger (1999) South Africa is a country marked by low levels and problematic sustainability of volunteerism. However, Louw and Shaw (1997) state that the availability and accessibility of victim support services are primarily located in previously white and urban areas; the SCC is situated in

such an area. Additionally, an article that appeared in Beeld (25 July, 2007) states that Pretoria / Tshwane residents are becoming more involved in volunteer services in the struggle against crime. A tentative deduction can thus be made that the SCC's *previous white and urban* location and a collective community uprising against crime, are factors that, among other, contribute to the wealth of SCC volunteers.

In response to the above arguments, numerous researchers call out for victim support services to be extended to areas where victim needs are neglected (McKendrick & Hoffmann, 1990; Nel et al., 2001; Louw & Shaw, 1997). In terms of Antonovsky's salutogenesis theory (1979, 1985, 1987), the deduction can subsequently be made that GRR's are lacking and nonexistent in areas where victim needs are neglected. A question can then be raised as to *why* residents of certain areas decide to volunteer their time and services.

5.4.1.1.2 Sinoville Crisis Centre volunteers: involvement

During the research interviews participants were keen to talk about their motives to become involved with a volunteer initiative such as the SCC. One participant categorised SCC counsellors into three (3) groups and these descriptions could be substantiated via other participant responses:

- **Religious orientation** - volunteers who become involved because of their religious beliefs and accordingly deem community service a worthy and important cause. The participant also emphasised that there is a very strong religious aspect at work within the SCC setting. This religious aspect could account for the strong Protestant work ethic that, in part, contributes to the commitment and passion most counsellors display. Religion can also be considered a salutogenic construct. Quotes from the research interviews that support the aforementioned line of reasoning include:

  "[SCC work is]….my way of humanely giving back to the community" [Translated from Afrikaans to English by the researcher].

"You have to really love people…You have to remember, regardless of whether it is a victim or a perpetrator, it is still a person…God doesn't make junk, He makes special people" [Translated from Afrikaans to English by the researcher].

- **Extension of vocation** - A second group was made up of volunteers who regard SCC work as an extension of their vocation. Participants explained as follows:

"Due to the nature of my work I became involved because I wanted to gain more experience" [Translated from Afrikaans to English by the researcher].

"My background is in rendering pastoral counselling services at correctional facilities…It was a good fit" [Translated from Afrikaans to English by the researcher].

- **Personal problems** – Lastly, a group of volunteers who joined the SCC for reasons ranging from loneliness, to a portion of individuals who have their own personal problems and manage these by assisting others to work through their crises. One participant explained it as follows:

"…I had personal problems and this was an escape for me. I escaped from my own circumstances to other peoples' problems. I could not solve my own problems" [Translated from Afrikaans to English by the researcher].

The SCC is founded on the premise that it can, among other, only be as effective as its counsellors. Not all applicants, motivated as they may be, will make effective counsellors. However, the participant who made the aforementioned statement, has been passionately involved with the SCC for a number of years and personal problems were beneficial to her SCC work. In the context of the aforementioned quote, as example, serious personal problems may or may not be conducive in terms of counselling services.

5.4.1.1.3 Sinoville Crisis Centre Counsellors: the need for growth

What became evident from the research interviews was that the SCC counsellors have a need to grow as people within their individual capacities. This growth need could be one reason that a group of diverse people, not necessarily tied together by the seams of their professions, decided to work as volunteers. The SCC appears to provide an avenue for such growth to take place. The SCC caters for this *growth need* by training and utilising volunteer counsellors. As participants explained:

> *"…the crisis centre has meant more to me than I have ever meant to the centre. It has made me human"* [Translated from Afrikaans to English by the researcher].

> *"I have experienced tremendous growth"* [Translated from Afrikaans to English by the researcher].

> *"I feel life has more meaning when you can get up in the morning, go to work and mean something to another person. That is growth"* [Translated from Afrikaans to English by the researcher].

> *"I find it very satisfying that I can mean something to another person"* [Translated from Afrikaans to English by the researcher].

The aforementioned quotes capture a general belief held by numerous SCC counsellors: the emotional rewards gained from assisting others are worth more that any financial reward could be - a belief that has been communicated to me, as a member of the SCC community, on several occasions by a number of counsellors. One participant described the emotional rewards as follows:

> *"No one gets paid a salary here, but the satisfaction you get from this work is priceless. You can not measure this with money"* [Translated from Afrikaans to English].

Participants referred to SCC counsellors as people who are committed and passionate about the cause and helping others. What became evident was that SSC counsellors

have a frame of reference that, among other, encapsulates four (4) basic attitudes or values:

- A willingness to give back to the community;
- A passion and commitment for SCC work;
- A caring inclination toward others, especially those in need; and
- The ability to negotiate, set and uphold clear boundaries.

These four attitudes and values will now be validated via research participant responses, discussed and elaborated upon:

- **A willingness to give back to the community**

  "It is something I am good at and I enjoy helping others. In a way I am planting a tree to show my gratitude" [Translated from Afrikaans to English by the researcher].

  "…my way of humanely giving back to the community" [Translated from Afrikaans to English by the researcher].

  In my role as qualitative researcher, I interpret the aforementioned quotes as capturing SCC counsellors' capacity for compassion. It presents SCC counsellors' urge for creating harmony in their community by *giving* a piece of themselves. However, my interpretation is subject to further analyses.

- **A passion and commitment for SCC work**

  "There has to be absolute passion to do this work" [Translated from Afrikaans to English by the researcher].

  "They must make a commitment to themselves to be involved, not just to the SCC" [Translated from Afrikaans to English by the researcher].

- **A caring inclination toward others, especially those in need**

"You have to really love people…You have to remember, regardless of whether it is a victim or a perpetrator it is still a person…" [Translated from Afrikaans to English by the researcher].

"If you can sit here and listen to someone's story, there is a connection on a very basic human level. I, as a person, listen to you, as a person, and I hear your pain. Regardless of the details of your story" [Translated from Afrikaans to English by the researcher].

I interpret the aforementioned quotes as indicative of SCC counsellors' capacity to experience and share another's person sadness, fear or sorrow's. It encapsulates the ability to behave in a *therapeutic*[8] manner.

The abovementioned *caring inclination* can be connected to Rogers' three therapeutic requirements, namely congruence, unconditional positive regard and empathetic understanding (Rogers, 1961, 1987). These three therapeutic requirements are also described in the SCC's training manual (Du Toit, 2005) and forms an integral part of the SCC crisis intervention programme, which is directed from a person centered perspective. Specifically, the three therapeutic requirements refer to:

- Congruence describes a person who is genuine, real, integrated and whole. In the SCC context this implies that counsellors are genuinely interested in the client and their presenting story, they provide honest feedback and are transparent in the roles they are allowed to fulfill (Du Toit, Grobler & Schenk, 2001).

- Unconditional positive regard entails an optimistic perspective on human nature and potential. People are accepted and fully received without

[8] It is important to note that I am not proposing that SCC counsellors are therapists. Rather, I am alluding to the caring *way of being* that SCC counsellors communicate while delivering crisis intervention services.

condition. Typically SCC counsellors are encouraged to create a safe, warm and trusting climate for clients (Du Toit, 2005).

- Empathy involves temporarily laying aside one's frame of reference and entering another person's experiential world. Empathy is an active process where the SCC counsellor attempts to understand the client's thoughts, feelings and experiences (Corey, 2001). Another concept, sympathy, is often confused with empathy (Charkuff, 1983; Du Toit, 2005).

  One participant explained that SCC counsellors, however, require both empathy and sympathy. The participant explained as follows:

  "When you sit in an office and work with a client, you require the same criteria as any other counsellor would. However, when you go to crisis scene, things change. The difference is that when you work in an office you require empathy. When you are on a scene everything seems to be chaotic and disorganised. This is when you would rather function on a level of sympathy; rather than empathy. This is the need expressed by people at such a time" [Translated from Afrikaans to English].

  The participant compared the two concepts, empathy and sympathy, as follows:

  "…empathy is more of an objective process. You have time and you can reflect on what the person is saying. The person has time to talk about the problem. Imagine you go to a suicide scene. There is no time for the cognitive processes to kick in. Those people need a soft hand, a soft voice, a cup of tea and some basic facts - this is sympathy" [Translated from Afrikaans to English by the researcher].

  The difference between empathy and sympathy, as depicted by this participant, is apparently a function of the crisis intervention context and the required crisis intervention service. The SCC typically delivers two

types of crisis intervention services, namely emotional and practical support. What the participant implied, based on my subjective analysis, is that empathy is a core criterion when rendering emotional support. By interpretation this could, among other, imply that the counsellor who delivers an emotional support service has a definite role within a relatively controlled environment. In contrast, practical support is rendered, mostly, in the direct aftermath of a crisis on the scene of the event, for example a suicide. The practical support context is therefore *less controlled*. The counsellor's functions thus change because of this *new* setting. Central to this shift in role emphasis, however, is the client's needs. In other words, the once caring empathic counsellor is now required to function as a caring sympathetic counsellor because that is what the client's needs communicate.

While the aforementioned empathy and sympathy comparison may be described as a valid participant observation, counsellors ought to be wary of crossing the boundary between empowering clients and taking ownership of their problems. The SCC's position is that counsellors ought to enforce and adhere to professional boundaries and practices. In practical SCC terms, professional boundaries mean that counselling services ought to be delivered with empathy, not sympathy. As a theoretical approach to counselling, the SCC argues (Du Toit, 2005) that empathy, not sympathy, is a core criterion to empowering clients to deal with their crises in a constructive manner. This is, therefore, a debatable issue that requires precise concept definition, construct clarification and adequate counsellor supervision and guidance.

- **The ability to negotiate, set and uphold clear boundaries**

"You are involved with these people (SCC clients), but when you go home after a day's work it is done. I can compare it to a truck driver; he drives his truck throughout the day, but when he goes home he wants nothing to do with that truck. However, as long as he is busy with the truck he has to take care of it…if the truck's tyres go flat, he needs to fix it. That is how I feel when I do SCC work:

when I work with clients I provide empathy and 'take care' of them. When I go home then I leave them at the SCC…I must not take that person home" [Translated from Afrikaans to English by the researcher].

Despite apparent divergent requirements for context specific empathy and sympathy, counsellors ought to still emphasise personal autonomy, freedom and responsibility on the part of clients. Numerous participants agreed by putting across a clear message that the role of a SCC counsellor is merely to assist clients to solve their own problems. The SCC client must always be accountable, allowed and assisted to make their own decisions, choices and carry the subsequent responsibility thereof. This implies that clients have to actively participate and take ownership for their role within this gradual problem solving process. As participants described:

"It will always be their (client's) choice to make" [Translated from Afrikaans to English by the researcher].

"We are not here (SCC) to do therapy. We support people through crises..." [Translated from Afrikaans to English by the researcher].

"Do not give them (clients) advice. Just the opportunity to tell their story" [Translated from Afrikaans to English by the researcher].

"I am not supposed to be the person who is doing the hard work. The clients ought to…" [Translated from Afrikaans to English by the researcher].

"I make it clear early in the counselling process that my role is not to solve the clients' problems, but rather to support them by investigating different options and alternatives. The responsibility is theirs. They have to decide what works for them and what does not" [Translated from Afrikaans to English].

What emerges from the aforementioned discussion and quotes is that whilst client needs are imperative in directing SCC services, there are strict boundaries

that need to be enforced with relation to the responsibilities of counsellors. It is imperative that SCC counsellors identify, acknowledge and attend to client needs. However, the Victim Empowerment Programme (VEP) emphasises intersectoral collaboration. In other words, the SCC counsellor has the responsibility to direct and refer clients to relevant service providers as a means of attending to such needs. The issue of negotiating, setting and upholding clear boundaries highlights two (2) important aspects, namely:

- The SCC needs to establish a set of counselling guidelines on ethical behaviour that incorporates addressing and negotiating boundaries with clients; and
- The SCC ought to actively engage in the VEP as to assist, on a macro level, to enhance intersectoral collaboration. This could mean, on a very practical level, that the SCC advertises its services on a broader, than just community, scale.

The ability to set and uphold appropriate boundaries can be connected to the theoretical description of the SCC as a GRR. More specifically, the relationship between GRR and Sense of Coherence (SOC) is of importance in this context. According to Antonovsky (1979, 1987) there is a reciprocal relationship between GRR and SOC. SOC can be described as a personally held belief system and coping resource that is presumed to mitigate life stress by influencing a person's cognitive and emotional appraisal of stressful stimuli. A person with a strong SOC interprets stressful events as manageable, meaningful and predictable and is more likely to seek out appropriate resources, or GRR's, to manage stress, crisis and traumatic events.

Within the SCC context the GRR-SOC relationship can be interpreted as such: the responsibility of establishing contact with the SCC is greatly dependent on the client's needs. Furthermore, clients are expected to assume responsibility for managing and growing through and by means of their own problems, subsequent to establishing contact with the SCC. The SCC only aims to facilitate this problem solving and growth process. The SCC does not aspire to solve clients' problems. Subsequently, a reciprocal relationship develops between the SCC and SCC

clients. This means, within the context of the GRR-SOC theoretical description, that clients develop or utilise their SOC (choices) to seek out an appropriate GRR (SCC).

5.4.1.1.4 Sinoville Crisis Centre counsellors: conclusion

The SCC operates in a country marked by a violent culture. Furthermore, *abnormality* and pathogenesis are well researched concepts within the crisis intervention field. Notwithstanding an emphasis on abnormality, SCC counsellors are motivated, committed and passionate to sacrifice their own time, and often money, for a worthy cause. It also became apparent that SCC counsellors accept the predictability of life in South Africa: it is a violent country and this translates into high victim rates. Nevertheless, the SCC counsellors proclaim that victimisation and accompanying crises are manageable and can enhance and facilitate growth - an indication of a salutogenic perspective of crisis and trauma.

When interpreting the above, I conclude that the SCC counsellors volunteer, among other, as a means to enhance their own, or convey to others, a salutogenic orientation to life. Prominence is accordingly not fixated on the negative, abnormality or pathogenesis, but rather on factors that promote wellness. The SCC thus reflects an orientation that supports a positive psychology and philosophy concerned with strengths; it encompasses a vision of building on people's potential, concretising a salutogenic frame of reference and is intent on developing a thriving South African community in the 21st century (Antonovsky, 1979; Seligman, 2002; Strümpfer, 1995).

5.4.1.2 Sinoville crisis centre clients: pathogenic experience

A prominent theme that emerged from the research interviews was that SCC clients lived through a pathogenic experience. From a crisis intervention perspective, a pathogenic experience can be conceptualised as a crisis.

Crisis intervention theorists recognise that social support structures, such as crisis centres, assist humans to work through crises (Aguilera, 1994; Roberts, 2000). The relationship between omnipresent stress and human kind's apparent inability to manage

such experiences has thus created a need for crisis centres where specially trained counsellors, aid and assist victims.

During the research interviews participants highlighted an apparent SCC client paradox: unique, yet universal.

5.4.1.2.1 Sinoville Crisis Centre clients: all clients are unique

Participants generally agreed that SCC clients are unique because there is no generic client profile. As participants described:

"Cases vary from everything to wild deals…it ranges from rape to molestation…every person (client) is unique" [Translated from Afrikaans to English by the researcher].

"All people and their problems are unique" [Translated from Afrikaans to English by the researcher].

"It affects the poor. It affects the rich. Everybody has problems. It makes me sad that we have become so isolated and do no reach out to others anymore. We live in a world of trauma and problems. It affects all of us" [Translated from Afrikaans to English by the researcher].

"…something that I experience as an insignificant event, another might experience as overwhelming…the frame of reference differs" [Translated from Afrikaans to English by the researcher].

Participants also reiterated that all clients have unique stories. These unique stories capture the essence of clients' crises, since it acts as a microcosm for each person's unique frame of reference. The client's unique perception and interpretation of the crisis is contained within this frame of reference. Participants described:

"It is important to remember that the perpetrator also has a story. It is not just the victim. That person who did something wrong also has a story" [Translated from Afrikaans to English by the researcher].

"Even if you have heard the same story a hundred times before, this person's story is important. It is his life. It means everything to him" [Translated from Afrikaans to English by the researcher].

"You will be amazed at what you find in that story. It includes the person's entire upbringing, frame of reference. Everything is included in that story" [Translated from Afrikaans to English by the researcher].

Despite emphasising the uniqueness of SCC clients, participants also acknowledged that they present certain universal reactions.

5.4.1.2.2 Sinoville Crisis Centre clients: all clients have universal reactions

In apparent contrast to the perspective that SCC clients are unique, participants agreed that certain universal crisis reactions or symptoms are present in the crisis aftermath. One participant explained as follows:

"There are usual reactions to trauma. Sadness, denial and anger bacuse of the specific event. As the anger passes you find acceptance and integration. Sometimes, though, there are dysfunctional reactions and sleeplessness, concentration and eating problems worsen. It could create dysfunction behaviour" [Translated from Afrikaans to English by the researcher].

I interpret the aforementioned quote as referring to pathogenic reactions and symptoms that occur post-crisis. Pathogenic reactions and symptoms are well documented in the crisis and traumatology literature and include, among other, negative thoughts, feelings and behaviours as well as more acute reactions, for example post traumatic stress disorder, acute stress disorder, substance abuse and suicide (McNally, Bryant & Ahlers, 2003).

Another participant described a typical SCC client's reaction as follows:

"In many cases people (clients) believed they were untouchable. We all think it only happens to other people, not with me. I also sense a kind of an astonishment or disbelief

when they arrive here. It is as if they are surprised to be here, because they never imagined this could have happened to them" [Translated from Afrikaans to English by the researcher].

This participant highlights the apparent shock and disbelief that many SCC clients experience as a result of, among other, victimisation. Initial shock and disbelief is recognised as an early and, within the parameters of reason, a normal reaction to a stressful life event such as a crisis or trauma (Psych-Action, 2001). The participant furthermore explained that many SCC clients seem to adhere to life assumptions that embody beliefs of invulnerability, rationality and morality. Crises and traumatic events then shatter these life assumptions:

"*Often these people believed they would never be affected by violence. We all think these things happen to other people, not to us. I always sense an inability to comprehend what had happened to them. As if they cannot believe they are here, because they never believed they would be in a position such as this"* [Translated from Afrikaans to English by the researcher].

Support for the participant's conjecture is found in the work of Janoff-Bulman (1985). According to the author traumatic events shatter individuals' basic assumptions about life (Janoff-Bulman, 1985). More specifically: "…the belief in personal invulnerability, the perception of the world as meaningful and the perception of oneself as positive" is shattered (Janoff-Bulman, p. 15). Pearlman and Saakvitne (1995) refer to these basic life assumptions as an individual's frame of reference. Epstein (1973, p. 404) concurs and describes it as follows: "Whether we like it or not, each of us, because s/he has a human brain, forms a theory of reality that brings order into an otherwise chaotic world of experience". Following crises and traumatic events, this theory of reality is shattered. Because crises and trauma often fall outside the frame of the assumptive world of the human psyche, the world becomes *crazy* (Brad & Sangrey, 1996; Janoff-Bulman, 1985).

An integration of the participant's responses with the stated theoretical perspectives (Brad & Sangrey, 1996; Epstein, 1973; Janoff-Bulman, 1985; Pearlman Saakvitne (1995), subsequently suggests that SCC clients, despite their uniqueness and distinctive frames of reference, react to crises in a relatively predictable way. This furthermore

implies that SCC clients could present universal reactions to crises. However, another participant reaffirmed the uniqueness of clients' interpretation of crisis events:

"You can have a family of four (4) who experienced a traumatic event. Yet they will interpret the event differently. That is because everyone is put together differently" [Translated from Afrikaans to English by the researcher].

"Every person is unique. Unique personality, cognitive processes and abilities, different psychological make-up. Different emotions and thoughts" [Translated from Afrikaans to English by the researcher].

Another participant also addressed the aspect of basic life assumptions. The participant explained that clients adopt a frame of reference where they generalise, distort and interpret their experiences as negative. As the participant explained:

"They are so caught up in their problems that do not realize there is a world outside where life goes on. They do not hear, because they don't want to hear. They are caught up in a mindset concerned with fighting. They are caught up in absolute negativity and they forget about the positive" [Translated from Afrikaans to English by the researcher].

I interpret the aforementioned quote as demonstrating that SCC clients could find themselves reacting in a passive manner towards the external environment. This interpretation can be substantiated via two (2) well-established psychological constructs, namely Rotter's (1966, 1975, 1996) construct *locus of control* and Seligman and associates' (Abramson, Seligman and Teasdale, 1978; Peterson & Seligman, 1983; Seligman, 1998, 2002) construct *learned helplessness*:

- Rotter's (1966, 1975, 1996) term, locus of control, is meant to describe people's beliefs that they have an impact over the outcomes of their behaviour. According to this theory people who believe they influence the outcomes of their behaviour, as a function of their actions and competencies, are referred to as internals (internal locus of control). Those described as having an external locus of control (externals) deem the outcomes of their actions to be the end-result of luck, fate, or circumstances.

This decision, to locate controls *internally* or *externally*, is usually not within a person's conscious awareness. It does, nonetheless, strongly influence motivation and could be indicative of either psychological integrity or perceptions of helplessness.

- Extensive research (Abramson, Seligman and Teasdale, 1978; Peterson & Seligman, 1983), indicates that a condition, coined *learned helplessness,* may result if individuals believe their efforts have no impact in preventing negative events from occurring.

Seligman first described the concept of learned helplessness. He discovered that dogs and rats became very helpless when the attribution was made that their behaviour had no effect on their environment (Barlow & Durand, 2001). Seligman drew some important conclusions from these observations regarding humans: they can become helpless and depressed when facing situations where they think they have no control over the external environment.

Abramson et al., (1978) refined the learned helplessness theory and identified three attribution dimensions relevant to the learned helplessness condition. These are:

- Personal and universal – persons who experience helplessness in terms of a personal attribution regard themselves incompetent in solving their problems. In other words personal shortcomings result in their helplessness. Individuals making a universal attribution, regard the situation and the relevant context as uncontrollable. This implies that anyone finding him or herself in the specific situation would experience helplessness;
- Stable and unstable – stable attributions refer to the condition where the individual making the attribution does not expect conditions to change,

whereas an unstable attribution translates into the belief that conditions will change;

- Global and specific – the individual attributing to global helplessness expects deficits in a broad range of situations. Making a specific attribution refers to expectations of helplessness in a limited number of situations.

The implication of Abramson et al.,'s (1978) formulation is that individuals making personal, stable and global helplessness attributions are more likely to experience depression, lethargy and lowering of self-esteem. With regards to the SCC client, learned helplessness might occur on the condition that the individual makes such attributions.

When I consider the aforementioned arguments in relation to my experience as a SCC counsellor, my subjective interpretation thereof is that SCC clients could become the victims of a *lifetime of external locus of control*. In other words, SCC clients' baseline level of functioning could be to view problems as personal, pervasive, or permanent. This implies that:

- Personal - SCC clients could perceive themselves as the problem;
- Pervasive - SCC clients could perceive the problem as affecting all aspects of their life; and
- Permanent - SCC clients could perceive the problem as unmanageable.

In contrast to the above, other SCC clients could be experiencing a *forced external locus of control*. In other words the crisis has, temporarily, overwhelmed them.

I subsequently conclude that even though clients are unique and present diverse groupings of universal reactions and symptoms, they have lived through a pathogenic or crisis experience. Subsequent to crisis experiences, clients have certain needs. Participants added the flowing regarding client needs:

"Something clients have in common is that they want to be heard and they want somebody to understand them. They need someone to understand their domestic

situation. They want someone to listen to the post trauma effects. They want to tell their story." [Translated from Afrikaans to English by the researcher].

"…you just need to listen, show you are there for them and give some support…" [Translated from Afrikaans to English by the researcher].

"Something all clients have in common is that they want to be heard and acknowledged" [Translated from Afrikaans to English by the researcher].

The victim empowerment literature accentuates the role of victims' needs. Reeves (1985) identified the core needs victims express in the aftermath of crime victimisation. These needs are:

- Practical needs;
- Information needs;
- Need to contact the judicial system;
- Need to be heard, understood, acknowledged and for emotional support.

Nel et al., (2001) and Nel and Kruger (2003) affirm Reeves' contention and explain that subsequent to an incident of crime victimisation or violence, victims, to varying degrees, develop related needs.

5.4.1.2.3 Clients: unique, universal or both?

In summation, participants agreed that SCC clients are unique, present certain universal symptoms and reactions and have specific needs in the aftermath of crises. However, there is still an apparent paradox involved, namely *are clients unique or the same?*

It is my contention and interpretation, as qualitative researcher, that through the use of descriptive categories, SCC clients can be portrayed in a relatively universal way. Yet, SCC clients' experiences are far richer than the conceptual labels that describe them. The conclusion I make, is that all clients are unique, because they are human beings with, among other, distinctive genetic, psychological, cultural and physiological make-ups (Dworkin, & Gutierrez, 1993; Hayes, 1996; Pederson, 1990). Descriptive categories that are implemented to depict, describe and categorise SCC clients, are meaning-laden

representations of client experiences. In other words, it acts as a map of reality. This map is a representation of the territory, but it is not the territory (Becvar & Becvar, 2000). Maps that represent reality therefore serve as useful guides to identify, tentatively understand and support clients; clients are, however, not the conceptual and descriptive category.

With regards to SCC clients, it is thus my conclusion that these individuals have experienced a pathogenic event, which we typically label as stress, crisis or trauma. As a result of much research, conceptual theories with predictive value have been put forward. These conceptual theories clarify and provide insight into conditions such as stress, crisis and trauma. Conceptual theories ought to, nevertheless, be interpreted as maps of reality. Our understanding of reality is thus mutually determined and limited by the nature of our conceptual theories. As Barker (2000, p. 98) states: “Things just ‘are’. When we re-present them, they become something else, and appearances are deceptive.”

Crisis counsellors now have the opportunity to draw on a vast body of knowledge in the form of conceptual *maps,* which could guide their helping efforts. They ought to, nonetheless, remember that our understanding of reality is both extended and limited by the nature of our conceptual theories and that the client is not the conceptual theory.

5.4.1.3 Crisis intervention

In the preceding sections the arguments and interpretations were put forward that SCC counsellors express a salutogenic orientation towards crises. In contrast, SCC clients experienced a pathogenic, or crisis, event. It was furthermore reasoned that stress, crisis and trauma approaches, descriptions and theories are conceptual in nature. These conceptual theories provide a map of reality, but are not the territory (Becvar & Becvar, 2000). In the subsequent sections the concept of crisis intervention will be utilised to tie this theme together.

5.4.1.3.1 Participants feedback: crisis intervention

Participants explained that crisis intervention entails a process of gradual and systematic problem solving. Clients visit the SCC because their problems have become interwoven into their daily lives and there has been a total breakdown of coping skills and communication. They have adopted a mind set that embeds a problem-focussed frame of reference. This problem-focussed frame of reference often manifests as domestic violence - a particularly troublesome case. In a sense this context of problematic thoughts, feelings and behaviours has become their identities:

"When it comes to domestic violence these people are so caught up in negativity that they do not hear anything positive anymore, even when you say something positive to them" [Translated from Afrikaans to English by the researcher].

"It takes time. It takes a lot of time. People do not have time to work through their problems" [Translated from Afrikaans to English by the researcher].

"Their problems are like a string of wool that got so tangled up that you have to untie them one string at a time to get to the centre of the problem" [Translated from Afrikaans to English by the researcher].

Participants explained that the SCC crisis intervention model is grounded in the straightforward philosophy that clients have unique and specific needs; specifically the needs for emotional and practical support, the need to be heard and a longing to be understood. Moreover, participants stated that crisis intervention ought to be a function of unique client needs. The role of the SCC counsellor is thus to identify and attend to these needs by means of practical and emotional support or referrals.

"Yes, personally I feel people don't come here if there isn't any need in their life. They come here for a reason…" [Translated from Afrikaans to English by the researcher].

"They want someone to empathise with them more than anything else."

According to participants, SCC counsellors ought to develop a bond of trust with the clients and provide support in a person-centred manner:

"If you build a bond of trust with people, they have the courage to come and discuss their issue with you" [Translated from Afrikaans to English by the researcher].

As a starting point for crisis intervention, participants emphasised the importance of gaining an initial understanding of the presenting case and problem, through an evaluation. The aims are to assess the situation, define the problem in an organised manner and allow the clients to structure their crises stories. Participants described it as follows:

"…first, you are going to listen. You can't just jump in there, because every case is so different. I think it's listening to what they have to say. I mean depending, if it is a domestic problem, you know, you're going to listen. Because I can say, a lot of the time it is about listening. These people have so much to say. Obviously they have no recourse in their own space to do that."

"I personally evaluate every person (client) on merit and treat him accordingly" [Translated from Afrikaans to English by the researcher]

The next component of the crisis intervention process, as depicted by participants, addresses the intervention component. SCC counsellors assist clients to gain insight into their problems. The aforementioned is based on the assumption that when clients gain insight into their behaviour, feelings and thoughts, they ought to be in a position to make appropriate choices and initiate problem solving skills. The crisis intervention process is focused on initiating meaningful changes and not on proposing quick fix solutions. Some quotes to highlight this include:

"You have to untie the problems one for one and then discuss it individually" [Translated from Afrikaans to English by the researcher].

"I try to show them why they act the way they do…There is one way and that is by making different choices" "I try to assist them to move away from the pain that causes this crisis" [Translated from Afrikaans to English by the researcher].

"You have to open up that wound, make sure it is clean. It will be ineffective to just use a band-aid solution. You have to clean it" [Translated from Afrikaans to English by the researcher].

Despite the crisis intervention descriptions by participants, they did not articulate a methodology or a uniform approach to address the client and crisis assessment, problem definition or subsequent activities. According to Gilliland and James (1997) as well as Egan (1994), crisis intervention and related counselling practices ought to be structured processes. During the SCC training, participants are trained in two crisis intervention approaches. As a deduction from the aforementioned, in addition to personal experience, a shortcoming I identify within the SCC's crisis intervention approach encompasses a requirement for a structured approach to delivering services that incorporates assessment, intervention and evaluation. The need for such a comprehensive crisis intervention methodology becomes even more apparent when considering that the majority of SCC counsellors are not trained in the school of psychology or related disciplines.

5.4.1.3.2 The effectiveness of crisis intervention: dots connect in hindsight

Participants had mixed feelings and thoughts regarding the effectiveness of crisis intervention services. There were indications of successes and setbacks:

"I have been very successful with young people who attempted suicide. Today they are very happy people…there is no golden midway…I can show you how to make choices. I can give you the tools…" [Translated from Afrikaans to English by the researcher].

"I think it can be effective if clients decide to honour appointments, if they decide to make an effort. Most clients do not make an effort. They want their problems to be solved right now. They have had an argument and want their problem solved right here and now. You cannot solve that problem right now. There are years of problems buried in this one

problem…I do not have the solution. It is still their responsibility" [Translated from Afrikaans to English by the researcher].

"I have worked with some clients and found that there was no connection between us. Afterwards I will sit and wonder whether I did something wrong. Mostly it is them who do not want to connect. It bothers me when this happens. I feel as if it was worthless" [Translated from Afrikaans to English by the researcher].

"Oh yes, I have found most of my cases to be successful. It is because I listen to the person and give them the responsibility to manage the problem" [Translated from Afrikaans to English by the researcher].

I interpret the aforementioned quotations as indicative of the requirement for an appropriate crisis intervention methodology that emphasises problem solving skills and decision making models. What becomes apparent to me, in my subjective evaluation, is that crisis intervention is a cross functional application of the critical skill, *problem solving*. At the core of a crisis lies an *apparently insurmountable* ***problem*** (Gilliland & James, 1993; Roberts, 1990; Slaikeu, 1984). I propose that a crisis intervention model ought to therefore be grounded in a sound problem solving methodology and theory. Additionally, a crisis intervention model ought to provide structured guidelines whereby counsellors can explore a range of client related problems. Within the SCC context, counsellors are confronted by a variety of different problems described as crises. Subsequently the SCC crisis intervention model ought to allow and facilitate a cross-crisis application. In other words, a single crisis intervention model and theory model, which can be utilised to address a variety of problems or crises.

In addition to the aforementioned quotes, participants acknowledged the central paradox embedded in the crisis term: opportunity and danger. What they typically agreed on was that the initial crisis reactions are marked by pathogenic reactions. By working through this danger zone the promise of opportunity is realised; dots connect in hindsight:

"I think it (crisis) holds great opportunity. If you can assist a person who has experienced a crisis, you can help heal the wounds and create new opportunities" [Translated from Afrikaans to English by the researcher].

"You do not see the opportunity in the midst of the crisis, but afterwards you have to ask: 'what did I learn from this?' But the danger comes first…the opportunity comes after you have received support. Only then do you see the opportunities" [Translated from Afrikaans to English by the researcher].

You must work through the negative towards the positive" [Translated from Afrikaans to English by the researcher].

"Danger yes, because you could have been robbed or there could be the threat of suicide. But from experience I know that people who have experienced a crisis always find something positive" [Translated from Afrikaans to English by the researcher].

"When something bad crosses your path you just need to be patient, because something positive is always on the way to restore the balance. You can not always see it in the moment, but as you reflect on your life you will realise something positive always follows the negative" [Translated from Afrikaans to English].

5.4.1.3.3 Conclusion: honour pathogenesis and celebrate salutogenesis

Based on to the arguments presented thus far, I have interpreted crisis intervention as an integration or unification of the paradoxical constructs, salutogenesis and pathogenesis. Functioning as a GRR, the SCC fulfils a social supportive role and establishes contact with clients in the midst of their pathogenic experiences. Clients' perceptions of crises are marked by, among other, shattered life assumptions and doubt concerning their innate abilities to manage and solve the omnipresent stressors of life. Yet, SCC counsellors resiliently *believe* in clients' ability to regain their pre-crisis size and shape. What this implies is that people, regardless of omnipresent stress, possess the abilities to reappraise, integrate and manage stressful experiences. In other words, metaphors of strength might not be accentuated, but a *masked resilience* is present. Clients require some assistance to emphasise and impart structure and belief in their *faded* abilities.

The SCC counsellor approaches the client and the intervention context with a salutogenic belief: life is predictable, manageable and meaningful. Furthermore, SCC clients' individual needs and unique healing processes are acknowledged in a person-centred manner. Through an ongoing and active process of emotional and practical support, counsellors attempt to empower clients to live full, resilient and rewarding lives in a stressful environment.

I conclude that following a pathogenic experience, people can *connect the dots in hindsight*. In other words, counsellors ought not to, within reason, attempt to necessarily cure or prevent problems. Counsellors could, to a certain extent, appreciate problems as opportunities for development and optimal growth (Ivey, 1989). Such a perspective honours pathogenesis, celebrates salutogenesis and disregards the apparent dichotomy between health and illness.

5.4.2 Strengths and weaknesses

The next prominent theme that emerged from the data analysis relates to SCC strengths and weaknesses. Participants, in the main, had difficulty to identify and discuss weaknesses within the SCC system. One strength did, however, emerge as a common denominator and this was then associated with two additional sources of strength. On later reflection participants considered the relativity of these strengths.

5.4.2.1 Sinoville Crisis Centre strengths

The central message that echoed from the research interviews was that the SCC is an effective community based organisation primarily due to effective leadership. It was, additionally, proposed that two other components influence, and are being influenced, by the SCC leadership. These components are *SCC volunteers* and *networking with other role players*. These three aspects will now be discussed.

5.4.2.1.1 Sinoville Crisis Centre leadership

In an undisputed manner participants praised the SCC leadership[9] as a core feature that ensured its establishment in 1999 and subsequent sustainability. As one participant explained:

"Leadership makes the SCC. Without her the place does not exist. The volunteers are good at what they do, but without strong leadership this place will fall apart…" [Translated from Afrikaans to English by the researcher].

Participants did, however, add that other factors influence the effectiveness of leadership.

5.4.2.1.2 Sinoville Crisis Centre volunteers

An essential message to emerge from the data analysis was that, in addition to strong leadership, volunteers greatly contribute in the SCC's success. The SCC is supported by a wealth of competent volunteers, fulfilling roles as counsellors, who integrate diverse skills, knowledge and abilities to function in a counselling role on a 24 hour basis. Participants also explained that the SCC counsellor role is embedded in core values that include, among other, respect, confidentiality, pride and that they find joy in what they do:

"…there are competent volunteers who can assist clients to manage their problems. That is a strength…strength is that the SCC volunteers work together in a very close knit group" [Translated from Afrikaans to English by the researcher].

"I think a critical success factor is that here are volunteers who are caring and reach out to others. We do not get paid, but the satisfaction is priceless" [Translated from Afrikaans to English by the researcher].

[9] In this context the term SCC leadership refers to the co-ordinator of the SCC and, to a lesser degree, the SCC management committee.

Being staffed by volunteer workers implies, in the case of the SCC at least, that all counselling services are provided free of charge. Participants acknowledged free service delivery as a major strength. As one participant explained:

"…I think the benefit of a free service is that it sends the message to people that if you need help, it is available. You do not have any excuses not to call on us" [Translated from Afrikaans to English by the researcher].

There are other benefits related to delivering counselling services free of charge. Nel et al., (2001) indicate that victims of crime and violence often lose their sense of trust in the world and their fellow humans. The SCC is thus providing a service that could, among other, afford and assist the victimised to regain a sense of trust in others and the world - a principle that is embedded in the victim empowerment programme (Nel et al, 2001).

Lastly, participants explained the importance of the SCC infrastructure, specifically the role of the leader and counsellors:

"I think the centre's (SCC) commitment is phenomenal" "The centre (SCC) is not made up of one person. It takes a group effort, but still, a strong leader is imperative." [Translated from Afrikaans to English by the researcher].

5.4.2.1.3 Networking with other role players

Intersectoral networking has long been regarded as a crucial component of victim empowerment (Nel et al., 2001). In a like minded manner, participants regarded the SCC's networking relationship with the Sinoville Police Station (SPS) as mutually beneficial. They regarded support from the SPS as an important facet in promoting functionality:

"I think the (Police) station commander must support you. If he supports you, his entire command will support you" [Translated from Afrikaans to English by the researcher].

It also became apparent that the SCC supports victims by focussing on emotional needs, which allows the SPS to focus on other needs:

"I think it is great for the police that there is someone to deal with that crying, screaming wife or mother as to allow them to do their job" [Translated from Afrikaans to English by the researcher].

"And also very important what I think is the fact that it has also made it very easy for the police to deal with very traumatised people because I can remember mainly the incident that I have seen here with people coming in directly from an incident like mugging, or whatever, that they are terribly traumatised and there's no way you can get a report from a person that is so highly traumatised"

"I think the Police make more use of us, than we of them. There are, however, certain situations when clients come to the SCC and we assist them to make direct contact with the Police. They are assisted much quicker than they would have been otherwise. We need each other" [Translated from Afrikaans to English by the researcher].

The SPS reciprocally assists the SCC to make counselling more accessible. One participant explained that people will often not make use of psychological services partly because of the cost involved and to some extent because of the stigma attached to calling on a mental health professional. The SCC provides services free of charge and since it is located on the grounds of the Sinoville Police Station, focuses predominantly, but not exclusively, on victimisation issues:

"If you find yourself at the Police Station and are able to link the services of a 'mental health professional' to crime victimisation the stigma falls away. Then you have a valid reason to see someone (counsellor)" [Translated from Afrikaans to English].

Nel and Kruger (2003) affirm the importance of accessibility to counselling services. The authors state that many South Africans have difficulty in approaching services for counselling or psychotherapy. Often psychological illiteracy and a failure to acknowledge the benefits of counselling could act as deterrents and those who make use of these services could feel stigmatised and perceive the services to be culturally unsuitable, inappropriate, expensive, or lacking in their confidential handling of matters (Nel & Kruger, 2003).

The SCC's location could therefore be beneficial because it might normalise clients' needs to utilise a counselling service in times of need. However, the location could create a strong association with the South African Police Service and act as a deterrent for potential clients, especially perpetrators who might be experiencing a crisis of some sort.

A key point to consider, though, is that the networking endeavour was by and large initiated by the SCC leadership and is supported by dedicated counsellors and other service providers. Together these role players form a multidisciplinary team of service providers that attend to the diverse needs expressed by victims in the true tradition of the proposed VEP.

5.4.2.1.4 Strengths in summation: a function of client needs

According to participants, the SCC's strengths are thus funded in a strong leader, well-trained and passionate volunteers and good networking relationships with other service providers, such as the SPS. These strengths allow the SCC to attend to critical and practical realities, which are often not addressed by other service providers. Practical realities include, among other, a dire need for crisis centres and victim empowerment initiatives across South Africa, the availability of first line crisis intervention services, free of any financial charge and 24-hour accessibility to person-centred emotional and practical support.

The SCC strengths are therefore directly related to client needs. In the aftermath of a crisis experience, clients could express the needs for practical and emotional support. Practical and emotional support encapsulates, among other, that clients' needs are acknowledged and that they do not feel blamed for the incident. The SCC addressed these needs by means of its volunteer-delivered crisis intervention approach.

Clients can also express the needs for information about, and contact with, the Criminal Justice System (CJS) and other organisations. The SCC can indirectly address such information needs via a networking partnership with role players within, among other, the CJS.

The SCC leadership is, from the SCC's perspective, the vehicle used to drive this interdependent role player network. The aforementioned is accomplished through membership to the local Community Policing Forum and regular discussions with the SPS as well as other pertinent organisations.

5.4.2.2 Weaknesses

Most participants struggled to identify and discuss noticeable weaknesses within the SCC context. As example, some participants were of the opinion that there are, currently, no visible weaknesses:

"…I don't think there is anything bothering me presently…there is good cohesion between the people (SCC). I do not think there is anything that does not work"
[Translated from Afrikaans to English by the researcher].

"The weaknesses right now, I can't think of any that just jump out of me."

Some participants did, however, note that it is unfortunate that more individuals do not become involved with initiatives such as the SCC. Another participant emphasised an important aspect that was not considered by other informants:

"Maybe to attract more people of colour, I mean, I most of all feel that there is a block interacting with people."

"So maybe, I think, involvement of more people of colour will benefit the SCC, but because, as much as in the beginning I never really saw many people of colour coming to the center, later a lot more Black people had come to the center for help, which is encouraging. The numbers that we see in our stats here is not really in proportion with the problems in the Black population. There are terrible problems there."

Despite the apparent validity of the aforementioned quotes, there is a lack of volunteerism in South Africa (Kruger & Chandler, 2005; Nel and Kruger 1999). The

apparent lack of diversity ought to, therefore, not be regarded as a SCC weakness *per se*.

However, the SCC may consider advertising and extending its services to contexts that could attract a more diverse counsellor population and, by implication, possibly draw a more diverse client base. According to Nel et al., (2001, p. 10): "Services do not cater sufficiently for the diversity in language, culture and world-view and are mostly Eurocentric in nature." Louw and Shaw (1997) also emphasise that the central focus of crime and crime prevention in South Africa has been on urban centres until now. Rural areas and its disenfranchised communities have thus been excluded and under-resourced. One participant acknowledged these difficulties within the South African context:

"The practical realities go unnoticed…when I see the squatter camps where the police have to work. I think about Grootbrakrivier where one or two people get murdered every weekend. Is there a system that can carry the people? That says this is trauma, but you can manage it; we can work through the pain. The children who see these things happen, is there someone for them? There's no one…if we could get the funds, can you imagine? We can start a place like this at every Police Station" [Translated from Afrikaans to English by the researcher].

In acknowledgment to the aforementioned, it ought to be reiterated that the SCC was established and is being operated, as a community based organisation that addresses, foremost, the needs of the Sinoville community[10]. The SCC is already experiencing difficulties to financially sustain its endeavours and extending its services could overburden the Centre's resources.

The long term prioritisation and provision of crisis intervention and support services, such as the VEP, ought to be regarded as a responsibility of the South African government. Nonetheless, the SCC can contribute extensively to the empowerment initiative by engaging in dialogue and becoming involved in the VEP since it is absolutely important to develop good practice models (Nel & Kruger, 1999, 2003).

[10] It is noteworthy to mention that a substantial number of SCC clients are geographically located outside the designated and official SCC area.

5.4.2.2.1 Weaknesses: the relativity of strengths

On further reflection participants alluded to the relativity of strengths. Two aspects became evident, namely:

- Counselling hurdles; and
- Concern over anticipated changes in the SCC leadership.

5.4.2.2.2 Counselling hurdles

With reference to counselling hurdles, participants were annoyed with volunteers who become involved for wrong reasons or motives. As example, participants explained that certain people will volunteer their services, only to undergo the SCC training and then decide not to further their involvement:

"Unsuitable people often become involved. I can not mention names because I do not know them that well. I am referring to people who do the training and then disappear. Or people who do the training, work for a while, or even for years, and then disappear. There is just no commitment. It is sad. I think that can break the SCC" [Translated from Afrikaans to English].

While this may be cause for frustration for participants, France (2001) as well as Nel and Kruger (1999) propose self-selection as a viable selection process. This could imply that during the training component volunteers are afforded the opportunity to decide about their future involvement with the SCC. This is in fact the case with the SCC where training serves as additional selection criteria and the decision could be made, by either the SCC or the volunteer, to terminate involvement. The development and use of standardised and objective selection materials could be of interest for future research.

Participants also raised concerns relating to the implementation of clear counselling boundaries:

"As I told you, there are certain counsellors who are unsure about boundaries with regards to the intervention process. When do you refer clients? Mostly you require one

or two sessions to determine whether a client needs emotional support or a more specialised type of support. I am concerned that counsellors do work for which they are not qualified for. Firstly it is unethical and secondly it harms the SCC's reputation. The community could lose trust in the SCC" [Translated from Afrikaans to English by the researcher].

"The training is adequate but I think the counsellors require information regarding the limits of their responsibilities. They come from all spheres of the community. There are home makers, teachers and professionals. I think there are uncertainty among some of the people" [Translated from Afrikaans to English by the researcher].

"We have great difficulty with parents and teenage issues because it is not trauma per se. Also with relationship problems. We know exactly where to draw the line with trauma, accidents, victims of violence and crises. We know when to refer them" [Translated from Afrikaans to English by the researcher].

It would thus seem that counsellors, in their commitment and eagerness, could overstep the boundaries of their competence. In certain cases, for example traumatic events, the guidelines are clear and referrals are easy to implement and manage. In other cases, specifically social concerns such as teenage pregnancies, domestic violence and relationship problems, there are unclear boundaries and counsellors can easily overestimate their competencies. Counsellors ought to also emphasise clear roles and clarify expectations regarding the counseling relationship.

Fattah (in Nel et al., 2001) draw's attention to the potential dangers of victim support services. Among other, Fattah cautions against *widening of the social control net* and *creating unrealistic expectations in victims that cannot be met.* In other words, all service delivery ought to be directly aligned with the client's needs in mind. This entails drawing clear boundaries with regards to acceptable, appropriate and ethical SCC counsellor conduct.

A more pertinent theme to emerge concerns the impending change in SCC leadership.

5.4.2.2.3 The Sinoville Crisis Centre in developmental crisis

In writing up this section great care was taken to do so in a respectful manner. The SCC co-ordinator started the SCC in 1999 and has developed and refined the Centre over a number of years. One participant explained it as follows:

"This was her baby. This was the child she nurtured" [Translated from Afrikaans to English by the researcher].

Recently the coordinator expressed the desire to retire from the position and pursue other life interests. This has taken many SCC counsellors by surprise. Participants strongly expressed their thoughts during the individual interview process. This theme was also the leading conversation topic and highly debated during the group interview session. Participants expressed their views as follows:

"Now I am going to tell you something that is of great concern to me. The co-ordinator will be retiring at the end of the year. I do not know who will take her place. I do not think there is anyone who can take her place" [Translated from Afrikaans to English by the researcher].

"Something that really scares me is that when the co-ordinator retires this whole place will fall apart" [Translated from Afrikaans to English].

While the above pays great homage to the SCC co-ordinator, it also draws attention to two other aspects:

- The SCC is facing a seemingly insurmountable problem that cannot be managed by utilising traditional coping strategies; and
- Throughout the history of human kind, life has evolved and grown through different cycles.

I conclude from the interview processes and subsequent analysis of the data, that the SCC is experiencing a developmental crisis. A developmental crisis refers to the stress and anxiety associated with the changes that occur as a result of a life-stage transition

from childhood to adolescence or adulthood. In a metaphorical way SCC counsellors have been referring to the SCC as the co-ordinator's *baby*. This provides evidence for the commitment and care the co-ordinator has taken with the SCC. It is also indicative of the dependent relationship the SCC counsellors forged with the co-ordinator.

The SCC could, in the near future, be *left in the care of another.* This anticipated change creates feelings of fear, cautious thoughts and paralysed behaviour. SCC counsellors are cynical about the SCC's future as they grieve an anticipated loss. Since the inception of the SCC there has always been a dependable person in place to manage whatever difficulties would arise. Now, facing an unsure future, traditional problem solving strategies will be *departing,* which creates a perceived uncertain future for the SCC. Yet, as have been emphasised so often throughout this study, the term *crisis* is a dual construct and in this *danger*, lays *opportunity*.

A question that arises is: "What does the future hold for the SCC?" In an attempt to answer this question the *metaphorical life path* of the SCC can be considered:

- Conception – the SCC is conceived as an idea that could make a difference in a country marked by violence and crime;

- Birth – through association with likeminded individuals and organisations the SCC is officially opened. The birth period is marked by difficulties and predictable struggles. A few spirited first generation SCC counsellors become passionately involved and collectively lay the groundwork for the SCC's subsequent and promising growth. The SCC survives the difficult birth process and enters childhood;

- Childhood – the SCC is embraced by its community and volunteers passionately become involved. The SCC grows in relations to various aspects, such as the number of volunteers that become involved, upgrading of facilities and interest from the community. The child is nurtured and loved. A firm foundation for adolescence is created;

- Adolescence – after going through a phase of rapid improvement in relation to physical and human resources, the SCC *rebels* and starts to take shape. Its affiliation with Inter Trauma Nexus is ended and is officially recognised as the SCC. The SCC is now crafting its own identity. It is interesting to take note that Inter Trauma Nexus;

- Adulthood – maturity is in sight, yet it is also a time when the SCC has to redefine itself by leaving the *comforts of home*. New problem solving abilities to manage a world filled with uncertainty and stress ought to be crafted is a matter of great concern. The choice as to how the impending developmental crisis is going to be managed is a choice the SCC has to make for itself. The SCC is about to engage on a rite of passage.

When considering the above, it becomes apparent that participants expressed the need for acknowledgement, practical and emotional support. Their reactions are probably not restricted to the sample group, but experienced on an institutional level. However, regardless of this collective uncertainty, these reactions and sentiments are *normal reactions within an atypical crisis context*.

These reactions can be normalised against the backdrop of practical realities and complexities within the South African context. Nel and Kruger (1999) state that an integrated VEP policy is a key requirement in the establishment of victim empowerment service providers. They furthermore warn that service providers at grass roots level, ought to not be reliant on individual personalities or prior networks and resources (Nel et al., 2001). In contrast, intersectoral and interdepartmental co-operation and viable policies ought to be the driving force behind the VEP. The SCC has, to a great extent, been reliant on its leadership personality; i.e. an individual personality and prior network of problem solving strategies. Subsequently it is normal for participants to experience a sense of anticipated loss.

The aforementioned arguments ought to not be interpreted as criticism levelled against the SCC leadership. On the contrary, it ought to be emphasised that under the SCC's current leadership, the Centre has been in existence since 1999, operates exclusively

from community based donations and support and has worked on approximately 20 000 cases (Zambi News, 2007); a very impressive resume.

Nel et al., (2001) continues by asking the question: "Who leads, Who follows?" (Nel et al., 2001, p. 16). They state, that in most instances, civil society has become the lead role player in the VEP. The intention was, however, for a network of state agencies to lead, with civil society playing in a role in service delivery. Nel et al., (2001) also caution that if the VEP's aim is to deliver consistent services to victims, service providers ought to be cautious to rely, for the most part, on the energy of local volunteers.

While an integrated policy is thus required to manage and oversee service delivery, the reality is that for the success of the VEP, the impetus of passionate individuals who regard it as a *cause* is indispensable (Nel & Kruger, 1999). This is what the SCC leadership, according to participants, has been able to do. Needless to say, there will be a grieving period subsequent to this anticipated loss. However, it is imperative that the SCC community instil, maintain and emphasise its salutogenic orientation as a means of addressing the inevitable stressors they will face.

5.4.3 The counselling paradox: growing through the crises of others

The third prominent theme to emerge from the data analysis concerned the *counselling paradox: growing through the crises of others*. More specifically, this theme relates to the secondary impact counselling and crisis intervention service delivery[11] could have on SCC counsellors.

According to SCC local documentation (Du Toit, 2005) people who work with victims are not immune to the secondary impact of trauma. According to Du Toit (2005) counselling work could have a negative impact on counsellors. Du Toit's (2005) assertion is well supported in the academic literature (Figley, 1995a, 1995b; Figley, & McCubbin, 1983; Stamm, 1995, 1997, 2002). Du Toit (2005), however, adds that working with victims could potentially enrich the counsellor's life. This statement is echoed by Collins and Collins (2005) who, in the face of acknowledging the potential dangers of counsellor

[11] Please take note that the term *counselling* will be utilised in this discussion in an attempt to ease the readability. The term *counselling* subsequently incorporates the concept *crisis intervention*.

burnout and secondary trauma, state that "…many express appreciation for having the opportunity to engage in such powerful and meaningful work" (p. 525).

This continuum of apparent contradictory costs of caring was demonstrated in the research interviews.

5.4.3.1 The secondary impact of caring: a continuum of responses

The research interviews supported Du Toit (2005) and others' assertions, with regards to the secondary impact of trauma when delivering counselling services. It became evident from the research interviews that participants experienced the secondary impact of trauma, related to counselling services, as ranging on a continuum. On the one end of the continuum participants sketched the debilitating impact of secondary trauma:

"The first time I worked here I became totally paranoid about my own security. My husband works overseas for extended periods and then I am alone at home with my children. When you read something in the newspapers and see those statistics it does not affect you. However, when you open the SCC case file and you see an incident occurred a block away from where you live, it becomes a reality. It really affected me the first few months. If it can happen to other people it can also happen to me. So I went through a period of paranoia" [Translated from Afrikaans to English by the researcher].

"I lost my mind when that man told me that he shot his family…I was hysterical. It affected my whole family because I was hysterical" [Translated from Afrikaans to English by the researcher].

"It had a tremendous impact on me. Here in Doringpoort I saw an 18 year old's dead body. I never look at dead bodies precisely because I know what it can do to you. I saw him by accident. I saw his father slapping him trying to wake him; it still haunts me. You know, even when I read a book and there is a description of a dead body, I will see that child's body…Teenagers, I can not manage that. I feel as if I ought to have been there. Why? Why didn't they phone me? You feel too 'short'. During the SCC training I was told that your arm is just so long. You can just go that far" [Translated from Afrikaans to English by the researcher].

Participants acknowledged the paradox of working with victims by referring to the benefits of working with victims; the other end of the continuum. Participants explained as follows:

*"It is like a remembrance. It is very satisfying to mean something to someone else. It has a big impact on my life. It gives me great satisfaction to mean something to someone else" [*Translated from Afrikaans to English by the researcher].

"To know that maybe I made a difference in one person's life, to go home and just to calm them a little bit, it has a huge impact on my life" [Translated from Afrikaans to English by the researcher].

SCC counsellors are exposed to the crisis stories and traumatic content as a function of their caring role. In order to manage the potential negative impact certain resources are mobilised.

5.4.3.2 Mobilisation of resources

Participants explained the unique ways in which they mobilise personal resources to manage the secondary impact of working with victims of crises and trauma. They explained as follows:

"I try to keep my life balanced…My personal philosophy is that when the negative becomes accentuated I will deliberately do something positive or open myself to experience something positive. I am referring to small things, such as the cats chasing each other or when they do something comical. I deliberately seek out something beautiful" [Translated from Afrikaans to English by the researcher].

"…by practicing a healthy life style, for example participating in sport or a hobby. You can cultivate a happy family life. If at your core there is unhappiness or depression you will struggle to assist others" [Translated from Afrikaans to English by the researcher].

"It can have an impact on you if you are not inherently strong or when you have not been exposed to such events before. I think it is important to remain balanced in your life" [Translated from Afrikaans to English by the researcher].

"It is important to keep some distance between yourself and the client" [Translated from Afrikaans to English by the researcher].

"I am here to deliver a service to the community on an intellectual level. In other words, I am focused to be objective and not to make the trauma my own. There are, however, cases that hits close to home…I think objectivity as a counsellor is important in an attempt to avoid emotional burnout" [Translated from Afrikaans by the researcher].

"I try not to be an emotional garbage can. I am fortunate that I can speak to the other counsellors. When I experience the need to be debriefed I contact one of the counsellors. I think it is important to speak to each other about cases. It is a good practice that we are now working two counsellors per shift. That way you can reflect afterwards" [Translated from Afrikaans to English by the researcher].

Du Toit (2005) explains that SCC counsellors ought to continuously manage their own emotional, physical and cognitive reactions that manifest in response to counselling work. She furthermore emphasises the importance of creating a safe space where counsellors can express and ventilate their feelings of frustration, anxiety and apprehension (Du Toit, 2007). SCC counsellors are also urged to create and pursue balanced life styles where they place SCC work alongside other important activities, such as parenting and hobbies.

A portion of participants expressed satisfaction with the role the SCC plays in terms of training and supervision. However, it appears that SCC counsellors carry much of the burden relating to the secondary impact of their counselling services. The SCC has in the past attempted to initiate *debriefing the debriefer* group sessions. The response and participation from SCC counsellors were, however, not indicative of a culture that promotes self care. A possible explanation could be that SCC counsellors are volunteer workers who have added responsibilities, such as family matters and vocations, to

attend to. Subsequently, SCC counsellors often create the impression that they are reluctant to attend multiple monthly meetings and debriefing sessions. The SCC could, however, proactively promote the importance and ethical significance of counsellor self care for the sake of both counsellor and client. Additionally the SCC ought to devise and then integrate ethics of self-care in the SCC Professional code of Ethics.

The above arguments again emphasise the relevancy and need for a VEP that does not, at grass roots level, depend so greatly on the motivation and commitment of volunteers or a leadership personality. Rather, the VEP ought to focus on intersectoral and interdepartmental co-operation and viable policies (Nel & Kruger, 1999, 2003).

5.4.3.3 The counselling paradox: re-emergence of pathogenesis and salutogenesis

As I, in my capacity as qualitative researcher of this study, reflect on the arguments thus far, the reality and challenges of the South African social crisis seems overwhelming. Recent crime statistics (Statistics, 2007), as well as those in years gone by (Statistics, 1998), are external reflections of a country that is, among other, internally struggling with a collapse in the norms and values of family life and a legacy of suspicion and division between people.

According to Nel & Kruger (1999) crime has become normative. South Africans are being swamped by a tidal wave of violent crimes (Barker, 1995) and it seems as if almost every South African has a tale to tell about brushes with crime (Nelan, 1999). The media carry stories relating to criminal activities on a daily basis. This already explosive situation is compounded by low arrest and conviction rates (Nel et al., 2001). Nelan (1999, p. 46) quotes former Director of Public Prosecutions, Bulelani Ncquka, as saying: “Our people live in agony, tormented by criminals and thugs who have taken over our townships and suburbs. Indeed, life is a living hell,” when he (Ncquka) commissioned a new police unit to combat car hijackings. This statement seems to encapsulate the traumatic plight of the South African crime victim.

Victimisation is widely acknowledged as being traumatic in nature. The negative impact and emotional toll (Reeves, 1985) as well as the myriad of debilitating psychological and mental health problems resulting from victimisation have been well documented.

Sorenson and Golding (1990) studied a community sample of 2 700 adults. Their findings indicate that, regardless of age, gender, ethnicity, education and current mental status, victims of crime are more likely to report suicidal ideation when compared to non-victimised individuals. It is further noted that victims of mugging and sexual assault, as well as those who were victim to two or more victimisations, are more prone to depression.

Kilpatrick Saunders, Amick-McCullan, Best, Vernon and Resnick (1989) indicate that up to 57% of rape victims developed PTSD following victimisation, and that up to 16,5% still showed PTSD symptoms on re-evaluation some seventeen years later. Furthermore, it is indicated that high percentages of the sample reported co-morbid dysfunctions such as sexual dysfunctions, major depression, obsessive-compulsive disorder and phobias.

Substance abuse is also related to criminal victimisation. Resnick, Kilpatrick, Dansky, Saunders and Best (1993) found that 80% of women who reported having sought treatment for substance abuse problems also reported being the victim of sexual or physical assault, or having lost a family member due to homicide. Substance abuse, often employed as a coping mechanism, can also be related to further behavioural dysfunctions, such as domestic violence (Collins & Messerschmidt, 1993). In view of the above, crime victimisation appears to be the basis for numerous exacerbating struggles.

Vermeulen (2002) adds that people are *changed* because of victimisation. Among other, the assumptive world is shattered (Janof-Bullman, 1985). With the introduction of secondary trauma, and the subsequent study thereof, the debilitating impact on secondary trauma is also acknowledged (Figley, 1995a, 1995b).

There is evidence (Du Toit, 2005; Figley, 1995a, 1995b; Stamm, 1997, 2002) to suggest that trauma and crises can have both a debilitative and facilitative impact on those delivering counselling and crisis intervention services. In other words, it can be both destructive and constructive; or pathogenic and salutogenic. The transformative caring or healing process, which is often facilitated via counselling, is dependent upon this paradoxical pathogenic-salutogenic cycle.

Within the context of secondary trauma, the potential pathogenic consequences are conceptualised as vicarious trauma (VT) and compassion fatigue (CF). The salutogenic perspective emphasises humans' ability to live meaningful lives despite stress being omnipresent (Antonovsky, 1979). Subsequently I deduct that, in the context of secondary trauma, the salutogenic perspective embraces both compassion satisfaction (CS) as well as VT and CF, equally. The challenge, then, is for counsellors who are overwhelmed with the needs of the victimised, to formulate a paradoxical understanding that encompasses both the danger and opportunity presented in crisis counselling. Counsellors ought to therefore proactively manage and guard against VT and CF, while they celebrate CS.

The counselling paradox that therefore emerges is that counsellors can, knowingly of potential pathogenic consequences, engage in caring roles. Regardless of the pathogenic threat, counsellors have the abilities to create, find and experience personal satisfaction and growth from counselling service delivery. The counselling relationship can subsequently be described from a salutogenic perspective (Antonovsky, 1979) as:

- Predictable;
- Manageable; and
- Meaningful.

To truly appreciate this pathogenic-salutogenic dynamic counsellors ought to gratefully experience both the destructive and constructive; the danger and the opportunity. By engaging in such a paradoxical process, counsellors are afforded the opportunity to grow through the crises of others.

5.5 INTRODUCTION TO CHAPTER 6

In chapter 6 conclusions and recommendations are presented and discussed. In addition I reflect on the results and themes that emerged from this study. Recommendations that could enable the SCC to advance its crisis intervention programme and facilitate sustained development are also addressed. Lastly, directions for further research are considered.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The inspiration for this study derived from a personal desire to formulate and enhance my comprehension, knowledge and insight of the Sinoville Crisis Centre (SCC), its counsellors, its clients and crisis intervention services in the broad spectrum for the benefit of all SCC stakeholders. My desire to discover and enhance my comprehension, knowledge and insight, was driven by two main questions, namely:

- "Was the service being delivered effective, or at least useful?" and
- "Am I able to make a difference to the lives of others?"

Following a process of personal enquiry, I began to conceptualise the SCC context differently. I realised that the SCC's establishment and day-to-day enterprises were being directed by few enthusiastic individuals and supported by a group of dedicated volunteers. Throughout the establishment of the SCC there had been little external assistance in terms of drafting policies. The SCC's establishment substantiates Nel and Kruger's (1999) contention that, in most instances, civil society has become the lead role player in the Victim Empowerment Programme (VEP). It needs to be stated however, that substantial progress has been made in relation to the VEP (Department of Justice, 2004a, 2004b). Nonetheless, there are still many problems that should be addressed before a truly integrated VEP policy and minimum standards for service delivery is delivered.

Subsequent to the aforementioned analysis, this study began to take shape. In this chapter I am considering the following question: "Was I able, by means of this study, to create a *story* that could answer my questions?"

The purpose of this chapter is to discuss, reflect on and connect the different aspects of this study. In section 6.2 the research purpose and aims of this study are revisited. The study's strengths and limitations are also highlighted and discussed.

In section 6.3 the conclusions drawn during the literature review (chapter 2) and the results that emanated from the research interviews (chapter 5) will be listed, evaluated and reflected on.

Then, in section 6.4, recommendations that could enable the SCC to advance its crisis intervention programme and facilitate sustained development are provided. Future research directions are addressed in section 6.5. I conclude this study in section 6.6 with the epilogue.

6.2 PURPOSE AND RESEARCH AIMS

The purpose of the study was to present an exploratory qualitative and participatory action research account of the SCC's endeavours in providing crisis intervention services as well as to serve as a guideline for future development. More specifically, this study aimed to reflect and comment on the SCC's endeavours, its attempts to deliver crisis intervention services, and explore what has worked, what has not worked, and what could be done to improve future service delivery.

This study attempted to reflect on the pioneering SCC counsellors' work, thoughts, expressions and perspectives. It attempted to present a guiding map to understand the SCC and to discuss the undertakings, frustrations, struggles and positive outcomes of the SCC's work. Furthermore, the aim was to provide recommendations that could enable the SCC to plot the easiest and safest route towards the *picturesque locations*.

6.2.1 Aims of this study

This study had five broad aims:

- To explore, describe, reflect and comment on the SCC's crisis intervention programme by means of a triangulation approach;
- To explore subject literature on crisis theory;
- To allow the SCC to speak for itself by expressing its thoughts, perspectives and principles on aspects related to its crisis intervention services;
- To interpret the SCC's thoughts, perspectives and principles from a qualitative perspective and locate it in relevant subject literature;
- Reflect on the following: what is positive and needs to be accelerated? What is not working and needs to be fixed? What is missing and needs to be initiated; and
- Provide recommendations that could enable the SCC to advance its crisis intervention programme and facilitate sustained development.

The purpose and aims described in the aforementioned sections were the driving influences throughout this study. The study was, however, marked by certain strengths and limitations. In the subsequent sections the strengths and limitations as it relates to this study are addressed.

6.2.2 Strengths of the study

The following aspects can be regarded as strengths of the study:

- The SCC does not have an established research culture. Subsequently few SCC counsellors, or non-SCC researchers, have ventured to conduct a research study within this novel setting. This study could pave the way for future research to be conducted within the SCC context. It is my contention that numerous research opportunities exist within this pragmatic service orientated setting.

- In the literature review a holistic conceptualisation of crisis intervention theory was provided. In contrast to the traditional emphasis on a pathogenic perspective, the literature review highlighted a salutogenic perspective. Additionally the research

results that emanated from the interview process (see chapter 5) called attention to an integrated pathogenic-salutogenic perspective of crisis intervention.

- The findings, conclusions and recommendations of this study could be of practical value to the SCC as well as to other newly established crisis centres. The SCC has done a great deal of ground breaking work and others could aim to model its endeavours.

- Validity was pursued in this qualitative study by utilising a triangulated data collection method. Three sources of data were collected, namely the literature review, SCC local documentation and an interview process.

- To achieve reliability, I attempted to clarify the social context where the study is located. Additionally I described my own experiences within the SCC context. Furthermore, I examined my personal bias by reflecting on my internal thoughts, feelings and key insights into this study.

- This study enabled me, in my capacity as researcher and crisis counsellor, to gain insight and knowledge into numerous dynamics relating to the SCC, its counsellors, its clients and crisis intervention services in the broad spectrum. Additionally it furnished me with new research questions that are worthy of consideration.

6.2.3 Limitations of the study

The following aspects can be considered as limitations in this study:

- Due to the qualitative nature of this study, the data was inevitably interpreted through the lenses and paradigm views I adhere to. In other words, the lenses through which I view and interpret the world coloured the data a certain way. Undoubtedly another qualitative researcher might interpret the data in a different, albeit equally valid, manner.

- In addition to the aforementioned subjective limitation, the participants in this study reflected their perceptions and stories from their unique frames of reference. The interpretations, findings, conclusions and recommendations should therefore be interpreted from participatory action and qualitative research perspectives. This implies that this study be regarded as co-constructed knowledge by the researcher and co-researchers (participants).

- The purposefully selected sample included a limited number of SCC counsellors. Therefore it could be possible that a different sample could have resulted in different *stories* and interpretations. Among other, it could have been valuable to add more male voices to the sample. However, this highlights, within the context of qualitative research, the relativity of *objective truths*.

- The limitations of an interview process to gather data should also be taken into account.

- The research interviews were all conducted in Afrikaans but subsequently reported on in English. The implication is that the quotations used to illustrate the emerging themes in chapter 5, were translated from Afrikaans to English. To manage this limitation I put the following measures into place:

    - I attempted to remain truthful to the original text as I interpreted it in its relevant context;
    - Indications of translated text were made subsequent to all translated quotations;
    - All interpretations of quotes were substantiated and grounded in relation to relevant subject theory;
    - The transcribed interviews are included in the appendix section (appendix F)

- A very sensitive dynamic that limited the participatory action research component of the study, was *organisational politics*. Throughout the study there were indications of resistance. I subjectively interpreted the SCC's developmental crisis as creating a context of distrust that some individuals generalised to the intentions of this study. As example, there were individuals who questioned my, and others', motives for

conducting the research. In an effort to remain respectful to the research process, I attended to all forms of resistance and queries with empathy and sensitivity. I consistently remained truthful to the motive that drove my enquiry: to create an enhanced understanding of the SCC for the benefit of all involved. It was, nonetheless, a difficult dynamic to manage within the SCC's hierarchical establishment. I will address this aspect further in section 6.4.2.

6.3 CONCLUSIONS AND RECOMMENDATIONS: LITERATURE REVIEW AND RESEARCH INTERVIEWS

The purpose of this section is to present the conclusions and recommendations that emanated from the study. In section 6.3.1 conclusions from the literature review is presented and discussed. Then, in section 6.3.2, conclusions derived from the research interviews are highlighted and discussed.

6.3.1 Conclusions from chapter 2: literature review

After evaluating chapter 2, the literature review, the following conclusions were drawn:

- South Africa is a country in the midst of an extended social crisis. Much of South Africa's current social crisis is grounded in a violent history marked by interpersonal conflict and animosity. Among other, a legacy of Apartheid and struggling political reforms, a high crime rate that translates into high victimisation rates, as well as socio-economic hardships and an HIV Aids pandemic that impacts society as a whole, can be considered factors that predispose many South Africans to crises experiences. The aforementioned highlights the importance of reconstruction and development of the previously disadvantaged and is intimately linked to South Africa's democracy (African National Congress, 1994; Cameron, 1996).

- Crises are historical facts. Subsequent to evaluating and reflecting on the historical origin of crises, two elements emerged, namely: change and paradigm shifts. What this entails is that people are constantly affected by stressful cycles of change: steady states as described in Caplan's (1961, 1964, 1974) classic

definition of crisis, are constantly being challenged. To create a more meaningful definition of life and its extenuating circumstances, it seems that humanity adapts to change and subsequently modify the way they *understand* the world in order to recreate equilibrium or homeostasis (Caplan's, 1961, 1964, 1974).

The following historical events are indicative of the stressful cycles of change and paradigm shifts:

- The Coconut Grove fire emphasised the role non-experts play in the crisis recovery process. The role of non-experts, in the form of volunteer crisis counsellors, forms a core component in the South African Victim Empowerment Programme (VEP) (Nel & Kruger, 1999, 2003).

- Masculinity discourses such as *cowboys do not cry* were challenged by, among other, World Wars I and II, the Vietnam War and Mitchell's introduction of critical incident stress debriefing. Conditions that were previously labelled *hysteria* were now termed *shell shock*, *battle fatigue* and *soldier's heart*. From a personal perspective the ideas of resiliency, such as *survivors* instead of *victims*, were already being socially constructed at this time.

  I subsequently concluded that people have, throughout history, been connecting through danger. Dangers, such as natural disasters and wars, have challenged the core assumptions humanity uses to construct reality. To adapt to change, i.e. to manage hardships and crises, the almost unimaginable have been willed into existence: paradigm shifts have occurred in the ways humans understand and construct reality. Throughout history, humanity has been able to survive through adapting: connecting through danger and celebrating opportunity.

- Crisis theory consists of three basic building blocks, namely stress, crisis and trauma.

- The term *stress* was described as defining a person's reactions when attempts are made to manage daily demands that strain their adaptive capacities and creates a perceived or real threat to their general well being and/or important goals.
- The term *crisis* was defined as a period of temporary and intense psychological and emotional disequilibrium, which offers both opportunity and danger, resulting from a subjectively defined obstacle that constitutes an evidential problem that cannot be remedied by utilising traditional coping strategies.
- The term *trauma* was defined as a psychologically unpleasant event (Plug et al., 1997) that is an extreme and powerful crisis (Collins & Collins, 2005) that can bring about reactions of helplessness and seeming unmanageability (Abrahamson et al., 1978).

- The argument was put forward that stress, crisis and trauma are paradoxical constructs that could have potentially positive and negative impacts. Traditionally, research has mainly been conducted from a pathogenic perspective. However, numerous prominent researchers and psychologists have identified this one-dimensional perspective and proposed a more holistic stance (Antonovsky, 1979; Frankl, 1965, 1976; Jung, 1960; Linley, 2003; Linley & Joseph, 2004; Maslow, 1970; Rogers, 1961, 1987; Seligman & Csikszentmihalyi, 2000).

  My interpretation of stress, crisis and trauma, as paradoxical constructs, was subsequently described in relation to two (2) theoretical constructs, namely pathogenesis and salutogenesis (Antonovsky, 1979). The implication is that post-crisis reactions could include both pathogenic and salutogenic reactions. My contention was that if traumatic events can bring about positive outcomes and posttraumatic growth, then approaches to trauma intervention need to involve both salutogenic and pathogenic factors. I subsequently drew the following divergent conclusions:

  - A context is created whereby tearing down (pathogenic) and acknowledging the danger aspect of a crisis, the opportunity for growth (salutogenic) and psychological well-being is created;

- Crisis is a conceptual construct marked by dichotomies: vulnerability and self-determination; fear and courage;

- Crisis clients are more than the sum of their negative crisis sequelae and pathological labels. They are human beings living in a stressful world, where their strengths could allow them to overcome life pressures; and

- Assessing both pathogenic and salutogenic reactions, creates the opportunity to meet crisis victims where they are in terms of the pathogenic-salutogenic continuum. This allows the counsellor to create a context where clients can identify their own strengths and integrate the crisis occurrence into their basic fabric of life.

- Crisis intervention was conceptualised as providing the opportunity, mechanisms and tools for change to those who are experiencing psychological disequilibrium and *danger*; those who are feeling overwhelmed by their current situation and who have experienced a failure of everyday coping mechanisms. Crisis intervention is a process by which a crisis counsellor intervenes with individuals in crisis in order to restore balance and reduce the negative residual effects of crisis in their lives. The individual is then connected with a resource network to strengthen the change.

- The secondary impact of working with victims of stress, crisis and trauma was addressed. The paradoxical nature of secondary stress on counsellors was conceptualised as pathogenic in nature (vicarious trauma and compassion fatigue) as well as salutogenic in nature (Compassion satisfaction). I recommended that health organisations ought to endorse the principle of self-care as one of the foundations of health care reform as currently proposed for VEP (SAQA, 2005).

- The VEP was described as a policy framework and philosophy where victims, be it of crime or abuse of power, are regarded as having certain skills, competencies

and an innate sense of resilience that, when appropriately facilitated, can be tapped into and allow victims the opportunity for self-empowerment.

- The VEP's success depends on intersectoral collaboration. In other words, interdependent networking between service providers is a crucial component of effective service delivery.

- The referral process is an imperative component of a comprehensive crisis intervention model. In figure 2.1 I outlined and described a strategic referral process.

- The critical success factors in delivering services to victims, as identified by Nel and Kruger (1999) are:
  - Good community relationships;
  - Gathering, utilising and providing relevant information that integrates national policies and local realities into an effective service endeavour;
  - Good management practices; and
  - Adequate resource allocation.

6.3.2 Conclusions from chapter 5: research results

After evaluating chapter 5, research results, the following conclusions were drawn:

- Abnormality and pathogenesis are well researched concepts within the crisis intervention field. Notwithstanding an emphasis on abnormality, SCC counsellors are motivated, committed and passionate to sacrifice their own time, and often money, for a worthy cause. It also became apparent that SCC counsellors accept the predictability of life in South Africa: it is a violent country and this translates into high victim rates. Nevertheless, the SCC counsellors proclaim that victimisation and accompanying crises are manageable and can enhance and facilitate growth - an indication of a salutogenic perspective of crisis and trauma.

  SCC counsellors volunteer, among other, as a means to enhance their own, or convey to others, a salutogenic orientation to life. Subsequently, SCC counsellors

do not place primary importance on the negative, abnormality or pathogenesic aspects of crises, but rather on factors that promote wellness. The SCC thus reflects an orientation that supports a positive psychology and philosophy concerned with strengths; it encompasses a vision of building on people's potential, concretising a salutogenic frame of reference and is intent on developing a thriving South African community in the 21st century (Antonovsky, 1979; Seligman, 2002; Strümpfer, 1995).

- The SCC is and has been staffed with a wealth of competent volunteers since its inception in 1999. Based on their motives to become involved and volunteer services to the SCC, counsellors were divided into three (3) groups. These descriptions were substantiated via other participant responses. The three (3) groups are –
    - Religious orientation;
    - Extension of vocation;
    - Personal problems.

- An integration and subsequent conclusion drawn from participants' responses to the research interviews and relevant subject literature (Brad & Sangrey, 1996; Epstein, 1973; Janoff-Bulman, 1985; Pearlman, 1995) suggested that SCC clients' crisis experiences are both *unique* and *universal*.

  Ensuing from a great deal of historical and current research, conceptual theories with predictive value have been put forward. These conceptual theories clarify and provide insight into conditions such as stress, crisis and trauma. I argued that SCC clients have experienced a pathogenic event, which we typically describe in relation to such descriptive categories. Within the parameters of this study, descriptive categories include, among other, stress, crisis or trauma. Such descriptive categories are thus utilised to depict, describe and categorise SCC clients.

  However, these descriptive categories are meaning-laden representations of client experiences. In other words, it acts as a map of reality. This map is a representation of the territory, but it is not the territory (Becvar & Becvar, 2000).

Maps that represent reality therefore serve as useful guides to identify, tentatively understand and support clients. SCC clients' experiences should however not be assumed to relate to these conceptual and descriptive category with exact precision.

Crisis counsellors now have the opportunity to draw on a vast body of knowledge in the form of conceptual *maps,* which could guide their helping efforts. SCC counsellors should, nonetheless, remember that their comprehension of SCC clients is both extended and limited by the nature of conceptual theories; within the universal conceptual theory, there is a unique client.

- Participants explained that the SCC crisis intervention model is grounded in the straightforward philosophy that clients have unique and specific needs. These include, among other, the needs for emotional and practical support, the need to be heard and a longing to be understood. In addition, participants stated that crisis intervention should be a function of unique client needs and be articulated from a person-centered perspective. The role of the SCC counsellor is thus to identify and attend to these needs by means of practical and emotional support or referrals.

  Participants also emphasised the importance of gaining an initial understanding of the presenting case and problem through an evaluation. The aims are to assess the situation, define the problem in an organised manner and allow the clients to structure their crises stories.

  The next component of the crisis intervention process, as depicted by participants, focussed on the intervention component. According to participants the crisis intervention process is focused on initiating meaningful changes and not on proposing quick fix solutions.

  Concluding from the aforementioned, it becomes apparent that an inclusive assessment of client needs and subsequent intervention are imperative components of a comprehensive crisis intervention process.

Despite the crisis intervention descriptions by participants, they did not articulate a standard methodology or a uniform approach to address the client and crisis assessment, problem definition or subsequent activities. According to Gilliland and James (1993), crisis intervention should be a structured process. Deducing from the aforementioned, in addition to personal experience as a SCC counsellor, a shortcoming I identify within the SCC's crisis intervention approach encompasses the requirement for a structured approach to delivering services that incorporates assessment, intervention and evaluation. The need for such a comprehensive crisis intervention methodology becomes even more apparent when considering that the majority of SCC counsellors are not trained in the school of psychology or related disciplines. In other words, the majority of SCC counsellors do not have theoretical knowledge to guide their helping efforts and predict the complexity of human behaviour. The responsibility of providing such an in-depth training initiative might seem overbearing at first. However, it should be weighed up against ethical principles that should guide crisis intervention endeavours. Of particular reference to this argument is a subsection of the theme that emerged from the research interviews, namely *counselling hurdles*.

Participants expressed their concern about SCC counsellors who could overstep the boundaries of their competence. It was also documented that in certain cases, specifically social concerns such as teenage pregnancies, domestic violence and relationship problems, there are unclear boundaries and counsellors can easily overestimate their competencies. In recent times (while documenting this chapter) there were instances where certain SCC counsellors did overestimate their competencies and subsequently overstepped ethical boundaries. While the SCC management dealt with the matters in an appropriate manner, it highlights the requirement for in-depth training and a thorough set of ethical guidelines.

Upon further subjective evaluation of the research, I conclude that a crisis intervention model should be grounded in an appropriate theoretical perspective and encompass a problem solving methodology and theory. Additionally, a crisis intervention model should provide structured guidelines whereby counsellors can explore a diverse range of client related problems and crises and have adequate

procedures in place that direct ethical practices with regards to competenciy levels.

- The SCC's strengths that emanated from the research interviews were presented. According to participants, the SCC's strengths are grounded in a strong leader, well-trained and passionate volunteers and good networking relationships with other service providers, such as the Sinoville Police Station. These strengths allow the SCC to attend to critical and practical realities, which are often not addressed by other service providers. Practical realities include, among other, a dire need for crisis centres and victim empowerment initiatives across South Africa, the availability of first line crisis intervention services free of any financial charge and 24-hour accessibility to person-centred emotional and practical support.

- The SCC weaknesses were highlighted. Of particular importance were counselling hurdles, where special reference was made with regards to establishing service delivery boundaries. The SCC was also described as experiencing a developmental crisis. The SCC's developmental crisis will be explored in greater detail in section 6.4. 2.

- It was argued and concluded that the long term prioritisation and provision of crisis intervention and support services, such as the VEP, should be regarded as a responsibility of the South African government. Nonetheless, the SCC can contribute extensively to the empowerment initiative by engaging in dialogue and becoming involved in the VEP.

- The secondary impact of delivering crisis intervention services emerged as a theme from the research interviews. The research interviews supported Du Toit (2005) and others' (Figley, 1995a, 1995b; Stamm, 1997, 2002) assertions, with regards to the secondary impact of trauma when delivering counselling services. It became evident from the research interviews that participants experienced the secondary impact of trauma, related to counselling services, as ranging on a continuum. More specifically participants:
    - Sketched the debilitating impact of secondary trauma; and

- Acknowledged the paradox of working with victims by referring to the benefits of delivering crisis intervention services.

Participants explained the unique ways in which they mobilise personal resources to manage the secondary impact of working with victims of crises and trauma. A portion of participants expressed satisfaction with the role the SCC plays in terms of training and supervision. However, it appears that SCC counsellors carry much of the burden relating to the secondary impact of their counselling services despite previous efforts aimed at *debriefing the debriefer* sessions. The response and participation from SCC counsellors were, however, not indicative of a culture that promotes self-care. A possible explanation could be that SCC counsellors are volunteer workers who have added responsibilities, such as family matters and vocations, to attend to. Subsequently, SCC counsellors often create the impression that they are reluctant to attend multiple monthly meetings and debriefing sessions. The SCC should, nonetheless, proactively promote the importance and ethical significance of counsellor self-care for the sake of both counsellor and client. Additionally the SCC should devise and then integrate ethics of self-care in the SCC Professional code of Ethics.

6.4 RECOMMENDATIONS

The recommendations presented in the subsequent sections are derived from the conclusions drawn in section 6.3, as well as reflections on three (3) core questions that guided much of my enquiry in this study, namely:

- What is good and needs to be accelerated?
- What is missing and needs to be initiated?
- What is not working and needs to be changed?

In section 6.4.1 a discussion and recommendation regarding the SCC's crisis intervention model is provided. This particular segment includes a discussion on the SCC's current crisis intervention models as well as ensuing recommendations. I subsequently draw on relevant crisis intervention literature as a means of substantiating the stated recommendations.

The SCC's developmental crisis is addressed in section 6.4.2 under the heading *managing organisational change and loss*. Certain aspects regarding change management as well bereavement is incorporated into this discussion.

In section 6.4.3 the SCC's potential role within the VEP is addressed.

A tentative map for future programme advancement and sustained development is presented in section 6.4.4. This section ties the entire section together.

6.4.1 The Sinoville Crisis Centre crisis intervention models

The SCC plays an important role in the delivery of community based crisis intervention services. Among other, the SCC provides emotional and practical support, education and appropriate information to its clients. The aforementioned is all integrated within the SCC's crisis intervention models. In the subsequent section 6.4.1.1 a brief discussion of the SCC's crisis intervention models is provided. Then, in section 6.4.1.2, some recommendations regarding the SCC crisis intervention model are highlighted and discussed.

6.4.1.1 The Sinoville Crisis Centre crisis intervention models

Du Toit (2005) discusses two (2) SCC crisis intervention models. These crisis intervention models include a debriefing intervention model and a model of emotional support. Despite the fact that the SCC models are discussed as two (2) independently approaches to crisis intervention in this section, there are numerous similarities and practical overlaps between these approaches.

6.4.1.1.1 The Sinoville Crisis Centre debriefing model

The debriefing model discussed by Du Toit (2002, 2005, 2007) is based, by and large, on the critical incident stress debriefing model (CISD) formulated by Mitchell (1983). According to Everly, Latting & Mitchell (2000) CISD aims to alleviate the psychological

impact of a traumatic event and accelerate recovery from acute symptomology that may manifest in the wake of a crisis. The CISD model is a seven phase process structured to follow non-threateningly from a cognitively, to a more emotionally based and back to an educative and cognitive process.

The seven phases are:

- Introduction phase – during this phase the counsellor assures confidentiality, explains the purpose and guidelines of the sessions and answer any questions that the client might have.

- Fact phase – during this phase clients are requested to tell their crisis stories. Emphasis is placed on the facts, versus emotions and thoughts. Clients can also be requested to provide descriptions of:
    - What happened pre-crisis;
    - What happened during the event (peri-crisis); and
    - What the facts are post-crisis.

- Thought phase – the process becomes increasingly personal as clients are asked to express and reflect over his most prominent crisis event thoughts pre-, peri- and post-crisis. Emotional leakage is a natural by-product of this phase and should not be actively avoided by the counsellor.

- Feeling phase – clients are requested to discuss their feelings prior to, during and after the crisis. This is often the most confrontational phase of the debriefing session.

- Symptom phase – clients are now encouraged to move from the emotionally charged context towards a more cognitively orientated one. Clients are requested to discuss any behavioural, affective, somatic, interpersonal or cognitive symptoms they may be experiencing.

- Educational phase – the educationally based phase attends to the symptomology identified in the preceding phase. Clients' symptoms are validated and

normalised. Furthermore stress management strategies are discussed with the client. These may include instructions on diet, exercise, rest and the importance of social support.

- Re-entry phase – during the re-entry phase homeostasis is accelerated via psychological closure. The counsellor will attend to questions posed by clients, address new material that could be introduced and review the content that was discussed. Arrangements for follow up visits are also made. A summarising statement by the counsellor formally closes the process.

6.4.1.1.2 The Sinoville Crisis Centre model of emotional support

Du Toit (2005) describes the SCC model of emotional support as a counselling model that encompasses three (3) interrelated phases, namely the opening, middle and closing phases. These three (3) phases will now be discussed.

Opening phase

- The opening phase is characterised by the following activities:
    - The client and counsellor meet for the first time;
    - The counsellor creates a secure environment that the client experiences as physically and psychologically safe enough to discuss the pertinent crisis;
    - Through a collaborative process of dialogue the client's crisis (problem) is defined;
    - The dimensions underlying the client's crisis are identified and prioritised in terms of urgency;
    - The client is assisted to evaluate the crisis;
    - Possible coping strategies are identified and discussed;
    - Goals are established for the crisis intervention process;
    - The client is requested to implement the identified coping strategies and feedback will re-direct the process; and
    - Arrangements for follow-up visits are made.

Middle phase

- The middle phase is characterised by the following activities:
    - Follow up visits are arranged and conducted;
    - The counsellor assists the client to work through the dimensions of his crisis not addressed in the first meeting;
    - Continuous evaluation of the client's progress is made; and
    - Follow up sessions are arranged as required.

Closing phase

- The closing phase is characterised by the following activities:
    - Progress made during the crisis intervention process is discussed;
    - The client is encouraged to employ new skills that developed through the crisis experience in everyday life;
    - If the client has successfully managed and addressed the presenting crisis, the counsellor encourages further personal development;
    - If the client has unsuccessfully addressed and managed the presenting crisis and further assistance is required, the counsellor may refer the client;
    - The crisis intervention process is terminated.

6.4.1.2 The Sinoville Crisis Centre crisis intervention models: recommendations

Subsequent to conducting the literature review and studying and qualitatively interpreting the research interviews, certain recommendations regarding the SCC crisis intervention models will be presented in this section. I graphically represent these recommendations in figure 6.1, which is then followed with a discussion.

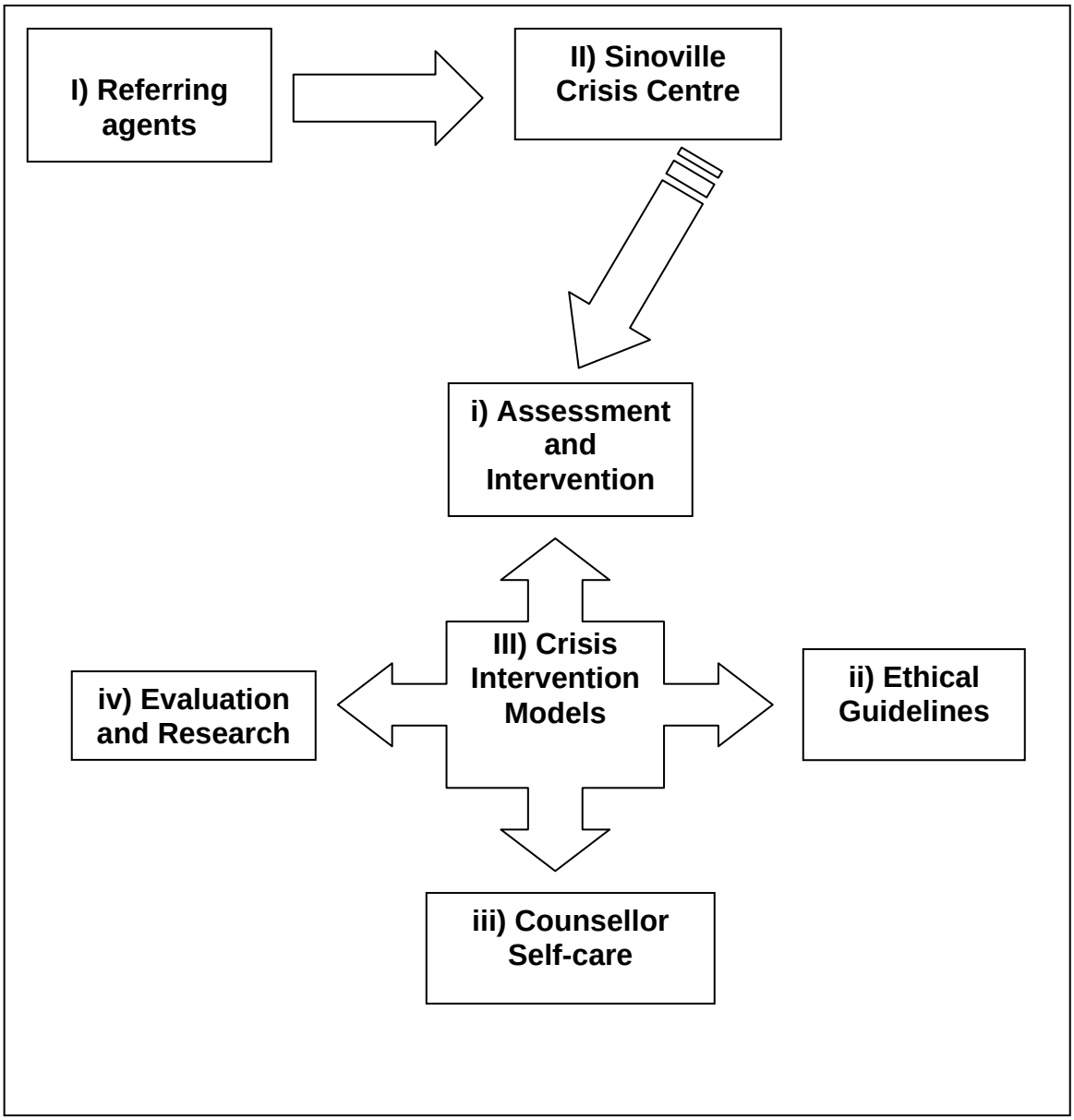

Figure 6.1: Recommendations regarding the Sinoville Crisis Centre crisis intervention models

The components presented in figure 6.1 are broken down and discussed as follows:

I) **Referring agents** – the first component included in this discussion is the SCC referring agent. Agents referring clients to the SCC are defined as referring agents. According to Nel and Kruger (1999) most referrals in crisis

centre contexts happen via the South African Police Service and hospitals or clinics. Self-referrals mostly occur due to advertisements in the local press. Other important sources of referrals include vocational counselling school teachers, social workers and courts (Nel & Kruger, 1999). Referring agents within the SCC context typically include the Sinoville Police Station, community newspapers and radio stations, churches and local schools. Another likely referring agent includes persons who have made prior use of the SCC's services. Such persons, or clients, can, via word of mouth, act as sources of referral.

The grounding assumption to include referring agents as a component in the SCC crisis intervention model is that all service providers can become active role players in SCC clients' healing progressions by assisting them to make contact with the appropriate service providers, such as the SCC. The role of referrals is a core component of the VEP's emphasis on intersectoral collaboration. Intersectoral collaboration focuses on the collective efforts from numerous service providers in attending to the needs of victims. It is alleged that if victims' needs go untreated they often become perpetrators of either retributive violence or of violence displaced within social or domestic spheres, such as family violence, crime and sexual violence (Nel et al., 2001; Psych-Action, 2001). Furthermore, the absence of victim empowerment service providers plays an important role in the cyclical nature of crime and violence. By paying attention to victims may prove one of the most effective ways of curbing additional crime and violence rates. Investment, exploration and capacity building for relevant victim support services could subsequently prevent vulnerable victims from ending up as violent perpetrators. Referring agents could therefore play an important advocacy role by providing appropriate information to victims in relation to VEP and related counselling services.

France (1996) mentions that referrals are often an essential aspect of crisis intervention. Referring agents are the first contact a client has with the

relevant crisis centre environment. Therefore it is imperative that clients receive adequate information regarding the services being rendered.

According to France (1996) when making referrals, two pieces of specific information and four pieces of general information are essential. These are:

- Specific information -
  - Relevant services being provided by service provider;
  - Any applicable restrictions, for example, geographical area being served, fees, eligibility criteria, etc;
- General information -
  - Name of organisation;
  - Address and directions if needed;
  - Telephone number and whether the telephone will be answered by a specific person or answering machine;
  - Hours of operation.

By providing the six (6) pieces of information as proposed by France (1996), referring agents should be able to make an appropriate referral to the SCC. Likewise clients should be in a position to make an informed decision whether they want to make use of the service.

The recommendation put forward is that the SCC identifies its main referring agents and subsequently provide them with relevant and appropriate information that could facilitate suitable referrals. Information that could be required by referring agents includes:

- An overview of the VEP;
- The needs of victims;
- Information about the SCC; and
- Referral specific information.

The aforementioned information could be presented in a pamphlet format to facilitate distribution. An example of such a pamphlet is included in Appendix G.

The potential benefits of providing referral specific information include:

- Crisis intervention service delivery becomes a process of shared responsibility between numbers of service providers within the VEP framework;
- Clients' needs are acknowledged by both referring agents and the SCC;
- By informing clients about the role of the SCC, counsellors are assisted to establish appropriate boundaries within the helping process.

II) **The Sinoville Crisis Centre** – the SCC is a community based crisis centre that renders crisis intervention services to its clients. The SCC could consider initiating outreach projects in an effort to widen the availability and accessibility of victim support services to regions other than previously white and urban areas; according to Louw and Shaw (1997) the availability and accessibility of victim support services are primarily located in previously white and urban areas. The SCC could also, by means of the proposed outreach projects, extend its services to the poor who are often disproportionately victimised (Louw & Shaw, 1997; Nel & Kruger, 1999). The aforementioned could potentially create greater representation of the SCC's services and be beneficial when applying for possible funding.

III) **Crisis intervention models** – four (4) recommendations are made with regards to the SCC crisis intervention model. The relevant recommendations are discussed in the subsequent sections.

i. <u>Assessment and intervention</u> – Embedded in the concept of psychological treatment, is the basic assumption that there is a valid link between clients' presenting problems and the subsequent interventions. Although crisis intervention (especially from volunteer and non-professional counselling perspectives) should not be regarded as psychological treatment or therapy,

much of the psychology movement's theory can be, and is, utilised within the crisis intervention field.

As example, numerous crisis theorists highlight the value of adequate assessment (Aguilera, 1994; Roberts, 1990). Roberts and Jennings (2005) concur by underscoring the ethical significance of appropriate and evidence based crisis intervention protocols. Collins and Collins (2005, p. 23) explain that assessment is "…generally thought to be the outcome of an extensive process of gathering psychosocial data about a client, and is thought to *precede* intervention." Collins and Collins (2005) continue by stating that assessment must be an immediate and continuous activity in both single-session crisis intervention and ongoing counselling. However, Myer (2001) expresses the concern that assessment is an often overlooked aspect in crisis intervention. Slaikeu (1984) adds that the crisis literature does not offer a comprehensive assessment model tied to explicit intervention strategies.

The aim of assessment within the crisis intervention context is to draw a parallel between clients' uniquely manifested crises and appropriate intervention strategies. Assessment therefore provides a theoretical basis for crisis intervention models that guides counselling endeavours (Collins & Collins, 2005). The focus of assessment in not sited on assigning clients with diagnostic labels (Slaikeu, 1984). I subsequently deduct that accurate assessment within the crisis intervention context is of significant value.

The SCC crisis intervention models do not explicitly link assessment and intervention. Within the SCC context, crisis assessment that directs the subsequent intervention process should be emphasised because the majority of SCC counsellors have not been trained in the fields of psychology, or related areas of study. SCC counsellors are therefore providing first line crisis intervention services and not expert mental health care or therapy. First line crisis intervention focuses on practical and emotional support. To deliver first line crisis intervention services, a comprehensive crisis intervention

methodology that encapsulates assessment, is required (Slaikeu, 1984) A comprehensive crisis intervention methodology could provide a theoretical basis that can guide subsequent counselling efforts.

Different authors propose diverse assessment models. Roberts (1990, 2000) state that lethality, such as suicidal ideation, should form an integral part of any crisis intervention process. According to Sommers-Flanagan and Sommers-Flanagan (1993) three (3) specific modalities should be assessed, namely:

- The presenting problem;
- The characteristics of the person in crisis; and
- The features of the crisis situation.

Slaikeu (1984) expands on Lazarus' (1981) multimodal assessment framework and advises that the following modalities form part of the crisis assessment process:

- B – behavioural. This assessment modality refers to overt activities such as exercise, sleeping patterns, drug taking and other life patterns. Special attention is given to weaknesses and strengths;
- A – affective. All emotions and feelings presented by clients should be assessed;
- S – somatic. The emphasis is on physical symptomology such as headaches and intestinal problems;
- I – interpersonal. The quantity and quality of the client's social relationships should be evaluated; and
- C – cognitive. Thoughts, self-statements and imagery should be assessed.

Collins and Collins (2005) propose a simple, yet broadly encompassing, assessment model, namely the ABCDE-model:

- A – Affect. Assess the client's primary feelings in reaction to the crisis;
- B – Behaviour. Assess the client's behavioural response in response to the crisis as well as coping efforts;
- C – Cognition. Thoughts, beliefs and explanations that define the meaning of the crisis;
- D – Development. Assess the developmental capacities of the client; and
- E – Ecosystem. All clients are part and parcel of the world they live in. Counsellors should therefore assess and evaluate modalities such as the client's cultural affinity, ethnicity and interpersonal and intrapersonal characteristics.

Aguilera's (1994) *problem-solving approach* dictates that the following four (4) modalities should form the core of the assessment process:

- The stressor that precipitated the crisis;
- The person in crisis' perception of the precipitating event;
- Situational and social support that is available to the person in crisis;
- Coping mechanisms available to the person, and whether these coping mechanisms are, or have in the past, been able to bring about crisis resolution.

Aguilera (1994) adds that a realistic perception of the stressor that precipitated the stressor, situational and social support as well as coping mechanisms serve as factors that mediate the impact and resolution of the crisis. She states: "Strengths and weaknesses in any one of the factors can be directly related to the onset of crisis or its resolution" (Aguilera, 1994, p. 31).

In addition to the aforementioned assessment models, the VEP emphasises the needs of clients (Nel & Kruger, 1999; Reeves, 1985). Subsequently, client

needs should be considered as relevant crisis assessment criteria within contexts that subscribe to or form part of the VEP.

The subsequent recommendation is that the SCC selects or devises an appropriate assessment model that could direct crisis intervention service delivery. It is additionally recommended that the crisis intervention model be grounded in an appropriate theoretical perspective that encompasses a problem solving methodology and theory. The SCC crisis intervention models should also provide structured guidelines whereby counsellors can explore a diverse range of client related problems and crises. Additionally guidelines relating to ethical practices should be integrated with the crisis intervention models.

ii) Ethical guidelines - Another aspect that emerged from the research interviews was a general concern that certain SCC counsellors could overestimate and overstep the boundaries of their competencies. Utilising a standard crisis intervention assessment model and directing the intervention process within the parameters of standardised model (as discussed in section i), could address the aforementioned ethical guidelines to some extent.

In addition to the aforementioned it is recommended that the SCC draft a comprehensive ethical guideline document that stipulates, among other, directives in terms of the following:

- The number of permitted counselling sessions;
- The nature of relationship between SCC counsellor and SCC client;
- The establishment of appropriate expectations and counselling boundaries;
- Discussion of ethical guidelines with clients;
- Referral guidelines in relation to social concerns such as teenage pregnancies, domestic violence and relationship problems.

The SCC should also take note of the recent debate regarding the regulations of the scope of practice and the profession of psychology in the Government Gazette of 19 November, 2007 (Deep Empowerment Collective, 2007a, 2007b). The Minister of Health intends, in terms of section 33(1) of the Health Professions Act 56 of 1974, and on the recommendations of the Health Professions Council of South Africa, to make the regulations in the schedule.

According to Deep Empowerment Collective (2007a) this new regulation will, if it becomes law, prohibit the freedom to offer, to train and to receive any counselling, psychological, psychotherapeutic, psychosomatic or personal developmental help from practitioners other than registered psychologists in South Africa.

Numerous points of objections were levelled against the proposed new regulations. Among other, Deep Empowerment Collective (2007a, 2007b) explains that South Africa is a country in the midst of process of social healing with an insufficient number of psychologists to serve the population. "It therefore cannot possibly be in the public interest to limit counselling and personal development to registered psychologists only" (Deep Empowerment Collective, 2007b, p.2).

The aforementioned regulations could have reaching implications for community based crisis centres, such as the SCC, that attempts to address the needs of victims of crime, violence and crises. The SCC's services are delivered, for the most part, by volunteers not registered as psychologists.

iii) Counsellor self-care – A prominent theme that emerged from the research interview data was that the SCC should promote counsellor self-care. While previous attempts at *debriefing the debriefer* sessions proved unpopular among many SCC counsellors, it remains an important feature of the crisis intervention process (Du Toit, 2007; Figley, 1995a, 1995b).

During the group interview numerous participant expressed the need for debriefing sessions. What is of particular interest, and only becomes evident to me now in hindsight, is that the majority of the participants, who were in favour of the *debriefing the debriefer initiative*, became involved with the SCC as an extension of their vocations. I therefore conclude that a need for *debriefing the debriefer* sessions exist within the SCC, even though the potential participants are limited. The SCC ought to nonetheless initiate *debriefing the debriefer* sessions on **at least** a voluntary basis. Such a volunteer initiative could perpetuate a collective culture of self-care within the SCC context.

However, the SCC ought to prioritise counsellor self-care in future as a minimum standard of good practice: lay and volunteer counsellors face significant risks to their own mental health when dealing with clients' traumatic content, and risk re-traumatising clients when not dealing adequately with their own secondary stress and trauma responses (Psych-Action, 2001; SAQA, 2007). In summation, a lack of counsellor self-care can be regarded as unethical as it can lead to harming clients, while self-care, on the contrary, implies respect for the dignity of the self and others (Feminist Therapy Institute, 2000).

ii. <u>Evaluation and research</u> – Crisis intervention service delivery is a critical function within the SCC context. However, the SCC has no measures in place to ensure or evaluate the quality of service provision. In other words, the SCC should establish a quality standard that underwrites the aims of service delivery.

Psych-Action (2001) proposes the use of an evaluation questionnaire to assess the quality standard of service delivery. The process proposed by Psych-Action (2001) can be adapted to the SCC context and is graphically presented in figure 6.2.

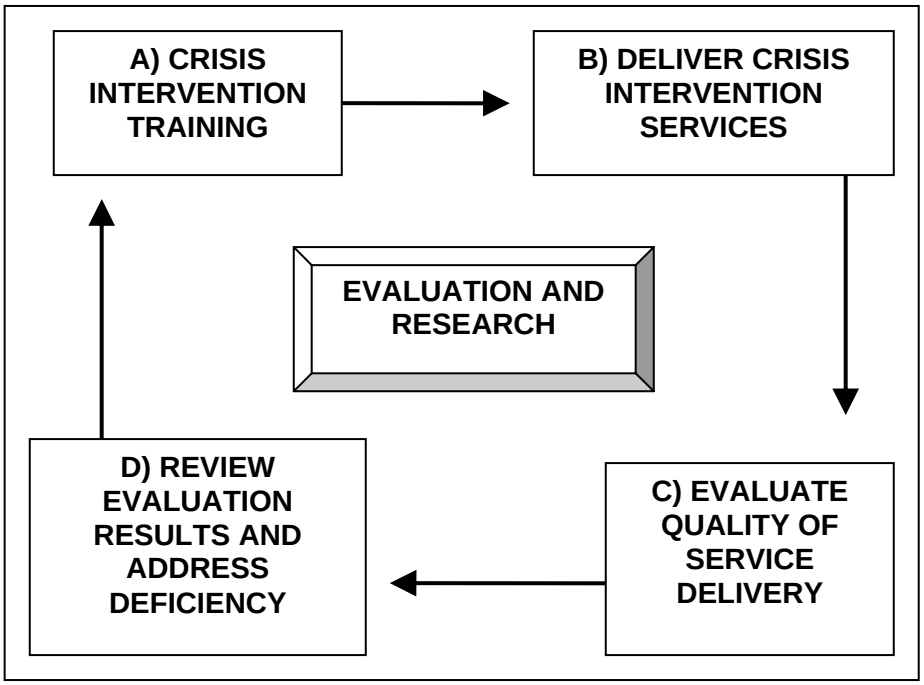

Figure 6.2: Proposed Sinoville Crisis Centre evaluation and research process

The components presented in figure 6.2 are broken down and discussed as follows:

- **A –** Training is an imperative component within the SCC context. The fundemental assumption is that the SCC's training programme is adequate to furnish volunteers, not necessarily schooled in the psychology or related areas of study, to deliver crisis intervention services;
- **B –** The trained SCC counsellor delivers crisis intervention services;
- **C –** The SCC client is requested to complete the evaluation questionnaire. An example of a questionnaire that could be utilised, has been adapted from the Psych-Action (2001) questionnaire and included in appendix H;
- **D –** The SCC utilises client feedback to initiate developmental activities, such as further or more specialised training.

The subsequent recommendation is that the SCC initiates a programme evaluation end research process to evaluate and, if required, address any deficiencies in relation to crisis intervention service delivery.

6.4.2 Managing organisational change and loss

From the research interviews and subsequent data analysis, it became apparent that the SCC is confronted by an anticipatory loss because its coordinator's decision to resign from the particular position in the near future. The SCC coordinator founded the SCC and has successfully managed the Centre since 1999. Because of personal reasons and with a view to pursue other life interests, she made the announcement.

In response to the SCC coordinator's announcement, numerous SCC counsellors, especially those who acted in the capacity of participants in this study, expressed their shock and sadness. The decision of the SCC coordinator echoed a sense of vulnerability on the part of the SCC. What became evident from the group interview was that the participants were grieving an anticipatory loss that would change the SCC context. The SCC is facing a seemingly insurmountable problem that cannot be managed by utilising traditional coping strategies - this becomes even more evident when considering that the SCC coordinator was the driving force and decision maker within this context.

I concluded from the research interviews that participants expressed the need for acknowledgement, practical and emotional support. Regardless of this collective uncertainty, these reactions and sentiments are *normal reactions within an atypical crisis context*.

The purpose of this section is to present some ideas and recommendations on how the SCC can manage the anticipated loss and organisational change. In section 6.4.2.1 the concept of organisational change is considered. The grieving process is addressed in section 6.4.2.2. I conclude this section in 6.4.2.3 with some reflective thoughts.

6.4.2.1 Organisational change

According to Robbins (1997) organisations are, by their inherent nature, resistant to change. Robbins (1997) continues and explains that resistance to change should be framed as a positive dynamic. According to Robbins (1997) resistance prevents organisational behaviour that takes on the form of chaotic randomness. Despite the aforementioned positive characteristics associated with resistance to change, it can also develop into conflict (Hitt, Ireland & Hoskisson, 2001; Robbins, 1997).

Within the SCC context, I subjectively interpreted the responses from the research participants, in relation to the anticipated change, not as a positive dynamic. Rather, participants seemed threatened by the change. In an attempt to comprehend this dynamic, I put forward the proposition that the anticipated change threatened the SCC's *status quo*. Since the SCC's inception in 1999 certain behavioural patterns have become the norm. Change has threatened these behavioural patterns or, stated otherwise, the SCC's *status quo*.

According to Robbins (1997) any form of organisational change invariably implies political activity. Change creates a context for power struggles and this will, to a large degree, determine the speed, quantity and quality of the change. Within the SCC context organisational politics began to surface. I can only subjectively infer a causal relationship between the anticipated change and the emerging politics. This is nonetheless open to interpretation and verification.

To manage organisational change Robbins (1997) proposes the following:

- Education and resistance – resistance to change can be reduced by communicating the logic of the proposed change to all involved. However, this tactic will only prove effective is the source of change resistance is misinformation;
- Participation – assuming that the majority of individuals affected by the change can make meaningful contributions, a collective and participatory change management process could be beneficial. Nonetheless, this could prove to be a time consuming process;

- Facilitation and support – under conditions of severe change resistance due to, among other, fear and anxiety, initiatives such as counselling, skills training and other forms of assistance could prove helpful. The drawback of this tactic is that it could possibly be time consuming.

6.4.2.2 The grief process

What became evident from the research interviews was that the participants were grieving an anticipated loss. According to Marta (2003) there is always a grieving period when a loss of any kind in imminent or has occurred. Many participants apparently interpreted the SCC's organisational change as a meaningful loss and a grieving period will be a normal reaction.

Numerous theorists have advanced theoretical descriptions of the grief process. Parkes (1974) for instance refined earlier work done by Bowlby (1960) and described the grief process to encompass numbness, yearning, disorganisation and despair as well as reorganisation. According to Kubler-Ross' (1973, 2005) loss, grief and bereavement can be conceptualised as a process consisting of six (6) interdependent phases. The six (6) phases associated with Kubler-Ross' model is:

- Denial;
- Isolation;
- Anger;
- Bargaining;
- Depression; and
- Acceptance.

Several modern-day theorists have also described tasks and phases that need to be worked through as a means of reconciling with a loss of some kind (Worden, 1991).

What is important to gauge regarding the SCC's anticipated loss, is that it signifies an organisational change and an accompanying grieving process.

6.4.2.3 Managing the Sinoville Crisis Centre change and loss: reflective thoughts

Life is an unbroken developmental process (Louw, van Ede & Louw, 1999). Numerous theories have been proposed as ways to conceptualise this ever evolving and unfolding progression. The transition from one stage to the next presents potential challenges (Erikson, 1963). Upon meeting these challenges numerous positive outcomes or opportunities are possible. If these go unrivalled, certain pathologies or crises could result.

Prior to the anticipated organisational change and loss the SCC seemed to be functioning in a relatively predictable and comfortable environment with a set of well developed coping strategies. However, the anticipated change and loss threatened the well established *status quo* and a shift from a homeostatic mode to a context of disequilibrium was choreographed. Organisational politics were one of the symptoms that signified the collective SCC uncertainty related to anticipated change and loss.

To manage the SCC organisation change and address the anticipatory loss, new coping skills have to be developed and an altered world view needs to be adopted. This imminent stressful cycle of change will have to be accommodated by a paradigm shift in the SCC's thinking. To create a meaningful definition of the *new* SCC and its extenuating circumstances, it seems that the SCC community will have to adapt to change and subsequently modify the way they understand this community based organisation in order to recreate equilibrium or homeostasis.

The Inter Change Cycle proposed by Brock and Salerno (1994) is a useful model that could guide the SCC during its change process. According to Brock and Salerno (1994) people react, respond and adjust to change in six (6) predictable stages. The six (6) stages are:

- Loss;
- Doubt;
- Discomfort;
- Discovery;
- Understanding; and

- Integration.

The Inter Change Cycle navigates people through the six (6) pivotal change stages by means of practical activities and exercises. The practical activities and exercises are additionally multidimensional in nature since it addresses thoughts, feelings and behaviours. The multidimensional approach could address the SCC's anticipated loss and organisational change process.

Whatever tools the SCC decide to use, it is imperative that they integrate fully to the next level in order to deliver its vital services to victims of crises.

In summation it is imperative that the SCC addresses the eminent developmental crisis which epitomises the requirement for organisational change and manifests in an anticipated loss. This matter ought to be addressed in all urgency since the SCC has an important service to deliver in a country and community in need.

6.4.3 The Sinoville Crisis Centre: engagement in the Victim Empowerment Programme

Altbeker (2007) compares South African crime levels to a low-intensity war. He continues and states that violent crime has become so widespread that there is no moral code or judicial motivation to *live by the rules* anymore (Altbeker, 2007). Numerous researchers (Louw, 1998; Nel & Kruger, 1999) support Altbeker's (2007) contention in relation to South African crime levels. They additionally indicate that a weakening of social support structures brings about disproportionate victimisation of the poor (Louw & Shaw, 1997; Nel & Kruger, 1999). Nell (2001) adds: "The price one has to pay for moving from terror to freedom, like lifting the lid off a pressure cooker, is that crime boils over, feeding on itself and escalating in endless spirals of greed and power." Nell (2001) furthermore states that crime affects South Africans on different levels, namely:

- Individual level – physical injuries and psychological trauma which influence many aspects of a quality life;
- Community level – the lack of personal safety results in a fortress of security systems, a lack of interpersonal freedom and undermines economic activity; and

- National level – the health care system becomes overwhelmed and economic productivity suffers.

According to Brogden and Shearing (1993) the crime epidemic cannot be curbed by putting more police with more guns on the street. In contrast, the social context as well as the cultural and political forces that maintain crime and violence should be addressed. Nel et al., (2001) agree and explain that crime and violence is a complex phenomena and that mono-causal explanation will merely result in simplistic solutions. The National Crime Prevention Strategy (NCPS) (Interdepartmental Strategy Team, 1996) acknowledges the complex and cyclical nature of crime and accordingly called the Victim Empowerment Programme (VEP) to life. The VEP aims to address crime and violence in a multidisciplinary manner by encouraging intersectoral collaboration. The VEP additionally emphasises the needs of victims. This included the premise that crime victims, when they go untreated, are more prone to repeated victimisation and become perpetrators of retributive crimes and violence (Nel et al., 2001).

The South African government has been criticised in the past due to the VEP's apparent inability to address practical realities (Nel & Kuger, 1999). However, the VEP is a long term endeavour (Nel et al., 2001) that attempts to address an inherent South African social crisis (Cochrane et al., 1991). Nell (2001, p. 272) explains: " So in Los Angeles, Washington, DC, and the Johannesburg metropole, violence prevention workers are compelled to accept an infrastructure that breeds violence, and to bootstrap under-resourced communities up the mountains of violence containment".

One way of addressing and advancing the aims of the VEP, is through community-based crisis centres that address the emotional, and other, needs of, among other, victims of crime. The SCC has since its inception in 1999, albeit unintentionally, been promoting the principles of the VEP through intersectoral collaboration. The SCC's intersectoral collaboration has been restricted to collaboration with service providers at a grass roots level. The recommendation made is that the SCC actively engages in the VEP.

Prior to this study, the SCC was, to a large extent, unaware of the details of the NCPS and the VEP. Upon further consideration of the NCPS and the VEP, several concerns emerged. Among other, the SCC was concerned about the following:

- The disbandment of the NCPS, which affected its apparent trustworthiness;
- Government's poor track record of coordination and evaluation;
- Unclear guidelines;
- The policies did not clearly address the practical realities associated with pragmatic service delivery within a crisis intervention context; and
- The SCC has since 1999 been reliant on community resources. The threat of subscribing to the NCPS and VEP could threaten its sustainability.

The aforementioned concerns should be acknowledged for its validity. The apparent threat seems to be that the VEP policy is enforced from the top down and being informed from the bottom up. However, the recommendation put forward here is that the SCC actively becomes involved in the VEP through collaboration and dialogue with other role players and establishes links with service providers at local forums. The SCC has been able to function and promote sustainable development since 1999. I therefore conclude that the SCC has valuable local knowledge to share and meaningful contributions to make to the VEP. The SCC ought to nonetheless clearly explain its position in terms of autonomous functioning. In other words, the SCC should delineate its role within VEP contributions in an unambiguous manner.

By becoming involved in the VEP, the SCC could assist in the collective effort of addressing the South African social crisis on provincial and national levels. The SCC could also contribute in drafting viable policies, promoting intersectoral and interdepartmental co-operation and propose guidelines for pragmatic crisis intervention service delivery and training of volunteer counsellors. The aforementioned could act as means of driving the VEP forward. The SCC could also consider contributing to the planned VEP conference in 2008, which falls together with its ten (10) year centenary celebrations.

Involvement in the VEP could also prohibit the SCC from becoming so reliant on individual and leadership personalities and the accompanying resources, which created a developmental crisis (see section 6.4.2). Lastly, the SCC involvement in the VEP could

extend services to the poor who are adversely affected by crime and violence (Louw and Shaw, 1997).

6.4.4 A tentative map for future programme advancement and sustained development

In the aforementioned sections, three (3) broad categories of recommendations were provided. In section 6.4.1 I addressed the SCC crisis intervention models and made certain recommendations. Recommendations were levelled in relation to the following:

- The referral process and referring agents' role within the crisis intervention process;
- Assessment as a means to direct relevant counselling services;
- The need for ethical guidelines in order to regulate counselling boundaries;
- The establishment of voluntary *debrief the debriefer* sessions in an attempt to establish a culture of counsellor self-care at the SCC; and
- Relevant programme evaluation and research practices in order to facilitate, among other, sustained development within the SCC context.

The SCC's developmental crisis was dealt with in section 6.4.2. More specifically, the SCC's need to manage organisational change and loss, was addressed. A recommendation was made to utilise Brock and Salerno's (1994) Inter Change Cycle as a change management methodology. It is imperative that the SCC address this specific *change-and-loss dynamic* as a means to accelerate and maintain its already well established infrastructure, community relations and management practices. The aforementioned organisational change and loss dynamic, is indicative of a SCC activity that is not working and needs to be changed. It furthermore draws attention to the importance of initiating a management system that is not exclusively reliant on an individual personality. At the same time though, the SCC management should be commended as a driving force in establishing and maintaining the SCC infrastructure since 1999. However, it also highlights the urgent need for an integrated VEP policy.

The SCC's role within the VEP was discussed in section 6.4.3. It is imperative that the SCC becomes proactively involved within the VEP as a means of utilising and providing

relevant information that integrates national policies and local realities into an effective service endeavour. The SCC has been able to initiate, manage and maintain an autonomous community based crisis centre. Subsequently the SCC should be able to make positive contributions to the VEP while, at the same time, functioning in an autonomous manner until an integrated VEP policy has been devised by government.

6.5 RECOMMENDATIONS FOR FURTHER RESEARCH

As I draw closer to the end of this study, I am reminded of the following words by Albert von Szent Györgvi:

"Discovery consists of seeing what everybody has seen, and thinking what nobody thought"

My experience of conducting this study has been one of discovery and growth. It has been a process where, more often that not, I was challenged to leave the *luxury* of my comfort zone. Whereas I began with simple and straightforward research questions, the complexity of, among other, the discipline of psychology, crisis intervention theory as well as human behaviour and dynamics, created radical shifts in the way I conceptualised the study and subsequently interpreted the data. In a sense I am still seeing the SCC for what it is: a community based crisis centre. However, my thoughts on the complexities surrounding the SCC have been revolutionised. As I contemplate the aforementioned, new questions that beg discovery, come to mind.

The following aspects could be considered as recommendations for further research:

- A study could be undertaken to evaluate the effectiveness of the SCC's crisis intervention models. However, to conduct such a study the SCC ought to consider standardising its crisis intervention models and develop appropriate quality standards whereby services could be evaluated against. The recommendation provided in section 6.4.1 could be utilised as part of such a research design.

- Additional qualitatively rich research could be conducted to deepen the understanding of the SCC context and its role in providing crisis intervention services. Additionally, emphasis could be focussed on the critical success factors within the SCC.

- A training programme for volunteer crisis counsellors could be developed. There is little or no formal recognition, access or regulation to formal education within the VEP (SAQA, 2005). Current access is primarily available through formal psychology and social work degrees. Subsequently many volunteers provide essential services within community based settings (SAQA, 2005). A training programme as proposed, could enhance the scope and quality of VEP services by furnishing volunteer crisis counsellors with appropriate skills, knowledge and abilities

6.6 EPILOGUE: THE END THAT LEADS TO A NEW BEGINNING

Reflecting back on my journey, I am left with a sense of accomplishment and satisfaction, but also with new questions that deserve attention. I have found a *different kind of knowledge*, a new paradigm and theory, through which I can conceptualise and narrate my experiences. I came across a paradoxical theory that regards suffering and growth not as polar opposites, but as different sides to the same coin; a paradigm that enables strengths to emerge from hardship.

Whilst the crisis story of study has now come to an end, the story behind this story may never end; it is entrenched in basic human life…

Each time you complete an act of creation, you focus a life force. And since life begets life, this energy seeks to enlarge its expression through new creation. In the stage of completion, your being is ready for another act of creation.

~ Robert Fritz

REFERENCES

Abramson, L.Y., Seligman, M.E.P. & Teasdale, J.D. (1978). Learned helplessness in humans: critiques and reformulation. *Journal of Abnormal Psychology, 87*, 49-74. adults.

African National Congress. (1994). *Reconstruction and development programme RDP)*. Johannesburg: Umanyano.

Aguilera, D.C. (1994). *Crisis intervention: theory and methodology*. (7th ed.). Missouri: Mosby.

Aldwin, C.M. & Revenson, T.A. (1987). Does coping help? A re-examination of the relation between coping and mental health. *Journal of Personality and Social Psychology, 53*, 337-348.

Altbeker, A. (2007). *A country at war with itself – South Africa's crisis of crime*. Cape Town: Jonathan Ball.

American Psychiatric Association (APA). (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed. - rev.). (DSM-III-R). Washington DC: Author.

American Psychiatric Association (APA). (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). (DSM-IV). Washington DC: Author.

American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. - text revision). (DSM-IV-TR.). Washington DC: Author

Antonovsky, A.A. (1979). *Health, stress, and coping.* San Francisco: Jossey-Bass.

Antonovsky, A.A. (1985). The life cycle, mental health and sense of coherence. *Israel Journal of Psychiatry and Related Science, 22*, 273 – 280.

Antonovsky, A.A. (1987). *Unraveling the mystery of health. How people manage stress and stay well.* San Francisco: Jossey-Bass.

Armstrong, L. (2000*). It's not about the bike. My Journey Back to Life.* London: Yellow Jersey Press.

Arredondo, P. (1998). Integrating multicultural counselling competencies and universal helping conditions in culture-specific contexts. *Counseling Psychologist, 26*, 592-601.

Artz, L. & Themba Lesizwe. (2005). *Ethics relating to social science research with victims of violence and other vulnerable groups*. Themba Lesizwe: South Africa.

Babbie, E. & Mouton, J. (2001). *The practice of social research*. New York: Oxford University Press.

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioural change. *Psychological Review, 84*, 191 - 215.

Bandura, A. (1982). Self-efficacy mechanism in human agency*. American Psychologist, 37*, 122 - 147.

Barker, P. (2000). Working with the metaphor of life and death *Journal of Medical Ethics 26*, 97-102

Barker, W. (1995). Time for a war against crime. *Readers Digest (July), 147*, 33-39.

Barlow, D.H. & Durand, V.M. (2001). *Abnormal psychology: an integrated approach.* (2nd ed.). Belmont: Wadsworth / Thompson Learning.

Bays, B. (1999). *The journey*. London: Element.

Becvar, D.S. & Becvar, R.J. (2000*). Family therapy: a systematic integration*. (4th ed.). Boston: Allyn & Bacon.

Beeld Tswhane Beeld. 25 July 2007. Vrywilligers meld aan. Christel rademeyer. P. 1 *behaviour: promotion of wellness*. In *The Handbook of Counselling.*

Ben-Shira, Z. (1985). Potency: a stress-buffering link in the coping-stress-disease relationship. *Social Science and Medicine, 21,* 397 – 406.

Bhana, A. (1999). Participatory action research: a practical guide for realistic radicals. In Terre Blanche, M. & Durrheim, D. (eds.). *Research in practice: applied methods for the social sciences*. Cape Town: UCT Press.

Biesheuvel, S. (1987). Cross-cultural psychology: Its relevance to South Africa. In In Mauer, K.F. & Retief, A.I. (Eds.). *Psychology in context: cross cultural research trends in South Africa*. Pretoria: HSRC.

Bowlby, J. (1960). Grief and mourning in infancy and early childhood. *The Psychoanalytic Study of the Child, VX,* 3-39.

Bowlby, J. (1969), *Attachment and loss, Vol. 1: Attachment.* New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss, Vol. 2: Separation.* New York: Basic Books.

Bowlby, J. (l980). *Attachment and loss, Vol. 3: Loss, sadness and depression*. New York: Basic Books.

Brad, M. & Sangrey, D. (1996). *The crime victim's book*. Secaucus, New Jersey: Citadel Press.

Brammer, L.M. (1985). *The helping relationship: process and skills.* (3rd ed.). New Jersey: Prentice Hall.

Breakwell, G M 1998. Interviewing. In Breakwell, G M, Hammond, S & Fife Schaw, C (eds), *Research methods in psychology*. 4th ed, 230-242. London: Sage.

Brewin, C. R., Andrews, B., Rose, S., & Kirk, M. (1999). Acute stress disorder and posttraumatic stress disorder in victims of violent crime. *American Journal of Psychiatry, 156*(3), 360-366.

Brewin, C.R., Andrews, B. & Valentine, J.D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology, 68(5)*, 748 – 766.

Brock, L.R. & Salerno, M.A. (1994). *The inter change cycle: the secret to getting through life's difficult changes*. Washington: Bridge Builder Media.

Brogden, M. & Shearing, C.D. (1993). *Policing for a new South Africa*. London: Routledge.

Brown, D S O & Nell, V 1991. Epidemiology of traumatic brain injury in Johannesburg: Methodological issues in a developing country context. *Social Science and Medicine* 33(3), 283-287.

Burns, P. (2002). Psychological debriefing. *The Psychotherapist, 19,* 24 – 39.

Butchart, A., Hamber, B., TerreBlanche, M. & Seedat, M. (1997). Violence, power and mental health policy in twentieth century South Africa. In Foster, D., Freeman, M., & Pillay, Y. (Eds.) *Mental health policy issues for South Africa*. Cape Town: MASA Multimedi

Byrne, R. (2006). *The secret*. New York: Atria Books.

Calhoun, L.G. & Tedeschi, R.G. (2002). Posttraumatic growth: the positive lessons of loss. In Neimeyer, R.A. (Ed.). *Meaning reconstruction and the experience of loss.* Washington: American Psychological Association.

Callaway, H. (1981). Women's perspectives: Research as re-vision. In P. Reason & J. Rowan (Eds.), *Human inquiry: A sourcebook of new paradigm research*. New York: Wiley & Sons.

Cameron, R. (1996). The Reconstruction and Development Programme. *Journal of Theoretical Politics, Vol. 8(2)*, 283-294

Campfield, K.M. & Hills, A.M. (2001). Effect of timing critical incident stress debriefing (CISD) on posttraumatic symptoms. *Journal of Traumatic Stress, 14,* 327-340.

Caplan, G. (1961). *An approach to community mental health*. New York: Grune & Stratton.

Caplan, G. (1964). *Principles of preventative psychiatry*. New York: Basic Books.

Caplan, G. (1976). The family as a support system. In G. Caplan & M. Kallilea (Eds.), *Support systems and mutual help: Multidisciplinary explorations*. New York: Grune & Stratton.

Carr, W. and Kemmis, S. (1986) *Becoming Critical. Education, knowledge and action research.*, Lewes: Falmer.

Carrol, C. (1997). Building bridges: a study of employee counsellors in the private sector. In Carrol, M. & Walton, M. (Eds.). *Handbook of counseling in organizations*. London: Sage Publications.

Carson, R.C. & Butcher, J.N. (1992). *Abnormal psychology and modern day life (9th ed.).* New York: Harper Collins.

Chandler, F. & Kruger, D.J. (2005). Volunteers at risk! Experiences of lay counsellors at a support centre for abused woman. *New Voices in Psychology, 1*, 70 - 80.

Charkuff, R.R. (1983). *The art of helping*. Massachusetts: Human Resource Development Press.

Cochrane, J.R., de Gruchy, J.W., Peterson, R. 1991. *In word and deed*. Pietermaritzburg: Cluster Publications.

Coetzee, S. & Cilliers, F. (2001). Psychofortology: Explaining coping behaviour in organisations. *The Industrial-Organisational Psychologist, 38,* 62 – 68.

Collins**,** B. G., & Collins, T. M. (2005). *Crisis and trauma: Developmental-ecological intervention.* Boston: Lahaska Press.

Collins, J.J. & Messerschmidt, P.M. (1993). Epidemiology of alcohol related violence. *Alcohol and Research World, 17*, 93-100.

Conlon, L., Fahy, T.J. & Conroy, R. (1999). PTSD in ambulant rta victims. A randomised controlled trial of debriefing. *Journal of Psychosomatic Research, 46,* 37-44.

Cooper, D.R. & Schindler (2001). *Business research methods*. (7th ed.). Boston: McGrawth Hill

Corey, G. (2001). *Theory and practice of counselling and psychotherapy*. (6th ed.). California: Brooks / Cole Publishing Company.

Crime Statistics (2007). Available from www.saps.org.za (Accessed on 10 / 08 / 2007).

Davis, C.G. (2002). Trancending trauma: the tormented and the transformed-understanding responses to loss and trauma. In Neimeyer, R.A. (Ed.). *Meaning reconstruction and experience of loss.* Washington: American Psychological Association.

Deep Empowerment Collective. (2007a). Letter to stakeholders in counselling and personal development. (Electronic mail received from Inter Trauma Nexus on 15 / 11 / 2007)

Deep Empowerment Collective. (2007b). Points of objection to the new health professionals regulations defining the scope for the profession of psychology – limiting professional human development work to psychologists only. (Electronic mail received from Inter Trauma Nexus on 15 / 11 / 2007)

De Girolamo, G. (1993). International perspectives on the treatment and prevention of posttraumatic stress disorder. In Wilson, J.P. & Raphael, B. (eds.). *International handbook of traumatic stress syndromes*. New York / London: Plenum Press.

De Waal, A. & Whiteside, A. (2003). New variant famine: Aids and food crisis in southern Sfrica. *The Lancet, 362*, 1234 - 1237

Denzin, N.K. & Lincoln, Y.S. 1994. Introduction: Entering the Field of Qualitative Research. In Denzin, N.K. & Lincoln, Y.S. (eds.). *Handbook of Qualitative Research*. London: Sage.

Department of Justice. (2004a). *Service Charter for Victims of Crime in South Africa*, Department of Justice, Pretoria.

Department of Justice. (2004b). *Minimum Standards on Services to Victims*, Department of Justice, Pretoria.

Dick, B. (2002). *Action research: Action and research*.
Available from: http://www.scu.edu.au/schools/gcm/ar/arp/aandr.html (Accessed on 02/ 02 / 2006).

Dick, B. and Swepson, P. (1997) *Action research FAQ: "frequently asked questions" file*. Available from: http://www.scu.edu.au/schools/gcm/ar/arp/arfaq (Accessed on 02 / 02 / 2006).

Diessner, R. (1993). "Double Grouping: New Strategies For Collaborative Learning." *The Teaching Professor. 7 (9),* 1. Available from: http://www1.umn.edu/ohr/teachlearn/resources/teachingprofessor.html (Accessed 10 / 08 / 2005).

Du Toit, A.S., Grobler, H.D. & Schenk, C.J. (2001). *Person-centered communication: theory and practice*. Cape Town: Oxford University Press.

Du Toit, Y.A. (2002). *Handleiding vir ondersteuners*. Unpublished SCC document.

Du Toit, Y.A. (2003). Personal Communications with Dr. Y.A du Toit, Director of the Sinoville Crisis Centre, on the 3rd of October 2003.

Du Toit, Y.A. (2004). *Handleiding vir ondersteuners*. Unpublished Sinoville Crisis Centre Document.

Du Toit, Y.A. (2005). *Handleiding vir ondersteuners*. (Revised edition). Unpublished Sinoville Crisis Centre Document.

Du Toit, Y.A. (2007). *Handleiding vir ondersteuners*. (Second revised edition). Unpublished Sinoville Crisis Centre Document.

Durrheim, K. (1999). Research design. In Terre Blance, M & Durrheim, K. (eds.). *Research in practice: applied methods for the social sciences.* Cape Town: UCT Press.

Dworkin, S.H. & Gutierrez, F. (1989). Introduction to special issue. Counselors beware: clients come in every size, shape, color, and sexual orientation. *Journal of Counseling and Development, 68*, 6 – 8.

Dworkin, S.H. & Pincu, L. (1993). Counseling in the era of aids. *Journal of Counseling and Development, 75*, 275-281.

Dyregrov, A. (1989). Caring for helpers in disaster situations: psychological debriefing. *Disaster Management, 2*, 25 – 30.

Egan, G. (1994). *The skilled helper: a systematic management approach to helping*. (5th ed.). Montery, CA: Brooks / Cole.

Ehlers, A., & Clark, D. (2003). Early psychological interventions for adult survivors of trauma: a review. *Biological Psychiatry, 53*(9), 817-826.

Epstein, S. (1973). The self concept revisited or the theory of a theory. *American Psychologist, 28*, 404-416.

Erikson, E.H. (1963). *Childhood and society*. New York: Norton.

Erikson, E.H. (1968). *Identity, youth and crisis*. New York: Norton.

Eriksson, L., Rademeyer, M. & Van der Sandt, L. (2004). *Surviving the helping profession*. Seminar presented by Kinder Trauma Kliniek / Children's Trauma Clinic. (4 June. Safari Sun Garden Centre, Pretoria).

Evans, J. & Swartz, L. (2000). Training service providers working with traumatised children in South Africa: the navigations of a trainer. *Psychodynamic Counselling, 6,* 49-64.

Everly, G.S., Flannery, R.B. & Mitchell, J.T. (2000). Critical incident stress management (CSIM) – a review of the literature. *Aggression and Violent Behavior, 5*, 23-40.

Everly, G.S., Latting, J.M. & Mitchell, J.T. (2000). Innovations in group crisis intervention. Critical incident stress debriefing (CISD) and critical incident stress management (CISM). In Roberts, A.R. (ed.). *Crisis intervention handbook: assessment, treatment and research*. (2nd ed.). New York: Oxford University Press.

Eyre, A. (1998). More than ptsd: proactive responses among disaster survivors. *The Australasian Journal of Disaster and Trauma Studies, 1998-2.* Available from www.massey.ac.nz (Accessed on: 30 / 09 / 2002).

Feminist Therapy Institute. (2000). *Feminist therapy code of ethics.* Revised by Marcia Chappell. San Francisco, CA: Author.

Fernandes, W., and R. Tandon. (Eds.). 1981. *Participatory Research and Evaluation—Experiments in Research as a Process of Liberation*. New Delhi: Indian Social Institute.

Figley, C. R., & McCubbin, H. I. (Eds.). (1983). *Stress and the family: Coping with catastrophe* (Vol. 2). New York: Brunner/Mazel.

Figley, C.R. (2004). *Compassion Fatigue Therapist Course Workbook*. Training Course by Charles R. Figley, Ph.D. Florida State University and the Green Cross Foundation October 2-3, 2004 Black Mountain, North Carolina.

Figley, C.R. (1995b). Compassion fatigue as secondary traumatic stress disorder: An overview. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.

Figley, C.R. (Ed.) (1995a). Compassion fatigue: Coping with secondary traumatic stress in those who treat the traumatized. New York: Brunner/Mazel

Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongi, A. & Gruen, R.J. (1986). Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology, 50,* 992-1003.

France, K. (1996). *Crisis intervention: a handbook of immediate person-to-person help*. (3rd ed.). Illinois: Charles C Thomas Publisher.

France, K. (2001). *Crisis intervention: a handbook of immediate person-to-person help*. (4th ed.). Illinois: Charles Thomas Publisher.

Frankl, V.E. (1965). *The doctor and the soul: from psychotherapy to logotherapy.* Translated by Winston, R. & Winston, C. London: Souvenir Press.

Frankl, V.E. (1967*). Psychotherapy and existentialism. Selected papers on logotherapy*. Middlesex: Penguin Books.

Frankl, V.E. (1969). *The will to meaning: foundations and applications of logotherapy*. New York: New American Library.

Frankl, V.E. (1976). *Waarom lewe ek?* Translated by Louw, D.J. Pretoria: HAUM

Frankl, V.E. (1984). *Man's search for meaning*. New York: Washington Square.

Frederickson, B.L. (1998). What good are positive emotions. *Review of General Psychology, 2*, 300 – 319.

Frederickson, B.L., Tugade, M.M., Waugh, C.E. & Larkin, G.R. (2003). What good are positive emotions in crises? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *Journal of Personality and Social Psychology, 84 (2)*, 365 – 376.

Freeman, A. & Dattilio, F.M. (Eds.). (1992). *Comprehensive casebook of cognitive therapy*. New York: Plenum Press.

Freire, P. (1970). *Pedadogy of the oppressed*. Harmmondsworth: Penguin.

Friedman, M (2000). The truth and reconciliation commission in South Africa as an attempt to heal a traumatized society. In Shalev, Y.A., Yehuda, R. & McFarlane, A.C. (eds.). *International handbook of human response to trauma.* Dordrecht: Kluwer.

Friedman, M. & Higson-Smith, C. (2003). Lecture notes on trauma counselling. Psych-Action.

Gaventa, J. (1988). Participatory research in North America. *Convergence, 24 (2-3)*, 19-28.

Gaventa J. (1993). The powerful, the powerless and the experts: knowledge struggles in an information age. In: Park P, Brydon-Miller M, Hall B, Jackson T, eds. *Voices of change: participatory research in the United States and Canada*. (37 Toronto: Ontario Institute for Studies in Education 37.

Genest, M., Bowen, R.C., Dudley, J. & Keegan, D. (1990). Assessment of strategies for coping with anxiety: preliminary investigations. *Journal of Anxiety Disorders, 4*, 1-14.

Gilliland, B.E. & James, R.K. (1993). *Crisis intervention strategies*. (2nd ed.). Califronia: Brooks / Cole Publishing Company.

Gilliland, B. E., & James, R. K. (1997). *Crisis intervention strategies* (3rd ed.). Pacific Grove, CA: Brooks/Cole.

Gillis, H. (1994). *Counselling young people*. (2nd ed.). Pretoria: Kagiso.

Green, B.L. (1994). Psychological research in traumatic stress: an update. *Journal of Traumatic Stress, 7*, 341-362.

Greene, G.J., Lee, M., Trask, R. & Rheinscheld, J. (2000) How to work with clients' strengths in crisis intervention. In Roberts, A.R. (ed.). *Crisis intervention handbook: assessment, treatment and research*. (2nd ed.). New York: Oxford University Press.

Gross, J.J., Frederickson, B.L. & Levinson, R.W. (1994). The psychophysiology of crying. *Psychophysiology, 31,* 460 – 468.

Hamber, B. & Lewis, S. (1997). *An Overview of the Consequences of Violence and Trauma in South Africa*. Research paper written for the Centre for the Study of Violence and Reconciliation. Available from: www.csvr.org.za/papers/papptsd.htm (Accessed 17 / 12 / 2003).

Hamber, B. (1998). The Burdens of truth: an evaluation of the psychological support services and initiatives undertaken by the South African Truth and Reconciliation Commission. *American Imago, 55 (1),* 9-28

Handbook on Justice for Victims. (1999). New York: United Nations.

Hayes, P.A. (1996). Addressing the complexities of culture and gender in counselling*. Journal of Counselling and Development, 74*, 332-338.

Hendricks, J. E., & Thomas, M. W. (2002). Historical and theoretical overview. In J. E. Hendricks & B. D. Byers (Eds.), *Crisis intervention in criminal justice/social service* (3rd ed.) (pp.3-31). Springfield, IL: Charles C. Thomas.

Heroldt, J. (2003). *My life maxims*. *By Thinus Burger – stolen by Johan Heroldt*. ABSA Trauma Counselling Workshop, 30 / 07 / 2003, Pretoria.

Hill, R. (1949*). Families under stress*. New York: Harper Collins.

Hill, R. (1958). Generic feautures of families under stress. *Social Case Work, 39,* 139 - 158.

Hippocrates. (2006). On the Sacred Disease, Internet Classics Archive: The University of Adelaide Library.

Hitt, M.A, Ireland, R.D. & Hoskisson, R.E. (2001). *Strategic management: competitiveness and globalization*. Ohio: South Western Collge Publishing.

Hoff, L.A. (1995). *People in crisis: understanding and helping*. (4th ed.). Swan Francisco: Jossey-Bass Publishers.

Hoff, L.A. & Adamowski, K. (1998). *Creating excellence in crisis care: a guide to effective training and program designs*. San Francisco: Jossey-Bass Publishers.

Hoffman, (2000). The incidence of traumatic events and trauma-associated symptoms/experiences amongst tertiary students. *South African Journal of Psychology, 32 (4),* 49 - 53.

Holmes, T. & Rahe, H. (1967). Holmes-Rahe life changes scale. *Journal of Psychosomatic Medicine*, *11*, 213-218.

Holmes, T.S. & Homes, T.H. (1970). Short-term intrusion into the life style routine. *Journal of Psychosomatic Research*, 14, 121-132.

Horowitz, M.J. (1993). Stress-response syndromes: a review of posttraumatic stress and adjustment disorders. In Wilson, J.P. & Raphael, B. (eds.). *International handbook of traumatic stress syndromes*. pp 49-60. New York / London: Plenum Press.

Horton, M. (1990). *The long haul: An autobiography*. New York: Doubleday

Hughes, I. 2001. Action research: Action Research Electronic Reader. Available from: *I.Hughes@cchs.usyd.edu.au* .

Humphries, B. and Truman, C. (eds), (1994), *Rethinking, Social Research,* Avebury, Aldershot.

Huyseman, G.K. (1994). *Methodology for the social and behavioural sciences*. Halfway House: Southern.

Interdepartmental Strategy Team. (1996). *National crime prevention strategy.* Unpublished Report: Pretoria.

Jacobs, E. & Koortzen, P. (2001). *Victim empowerment and support. Trauma debriefing*. Unpublished document. Pretoria: UNISA

Jacobson, G.F 1980 (Ed.). *Crisis intervention in the 1980's*. San Francisco: Jossey-Bass.

Jaffe, D T. 1986. The inner strains of healing work: Therapy and self-renewal for health professionals. In Scott, D C & Hawk, J (Eds.) *Heal thyself: The health of health care professionals*. New York: Brunner/ Mazel Inc.

James, R. K., & Gilliland, B. E. (2001). *Crisis intervention strategies* (4th ed.). Pacific Grove, CA: Brooks/Cole.

Janoff-Bulman, R. (1985). The aftermath of victimization: Rebuilding shattered assumptions. In C.R. Figley (Ed.). *Trauma and its wake, volume 1: The study and treatment of Post-Traumatic Stress Disorder*. New York: Brunner/Mazel.

Janosik, E.H. (1984). *Crisis counseling: a contemporary approach*. Monterey CA: Wadsworth, Health-Science Division.

Jensen, E. (2007). *Brain based learning*. Workshop presented at Tshwane University of Technology, October, 2007.

Johns, H. (1997). Self-development: Lifelong learning? In Horton, I. & Varma, V. (eds). *The needs of counsellors and psychotherapists*. London: Sage Publications.

Jordaan, W. (2000). Geestesgesondheid in 'n krisis. *Rapport. Perspektief*, 2 Julie, 1.

Jung, C.G. (1960). *The structure and dynamics of the psyche. Collected works: Vol. 8*. London: Routledge & Kegan Paul.

Kanel, K. (1999). *A guide to crisis intervention*. Boston: Brooks / Cole Publishing company.

Kelly, K. & Van der Riet, M. (2001). Participatory research in community settings: progress, methods, and challenges. In Seedat, M. (ed.)., Duncan, N. & Lazarus, S. (cons. eds.). *Community psychology:theory, method and practice. South African and other perspectives*. Cape Town: Oxford University Press.

Kemmis, S., & McTaggart, R. (1988). *The action research planner* (3rd ed.). Waurn Ponds, Victoria: Deakin University.

Kilpatrick, D. G., Acierno, R., Resnick, H. S., Saunders, B. E., & Best, C. L. (1997). A 2-year longitudinal analysis of the relationship between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology*, 65(5), 834-847.

Kilpatrick, D.G., Saunders, B.E., Amick-McCullan, A., Best, C.L., Vernon, L.J. & Resnick, H.S. (1989). Victim and crime factors associated with the development of crime-related post-traumatic stress disorder. *Behavior Therapy, 20*, 199-214.

Kleepsies, P.M., Deleppo, J.D., Gallagher, L. & Niles, B.L. (1999). Managing suicidal emergencies: recommendations for the practitioner. *Professional Psychology: Research and Practice, 30*, 454-463.

Kobassa, S.C. (1979). Stressful life events, personality and health: an inquiry into hardiness. *Journal of Personality and Social Psychology, 31*, 1 – 11.

Kobassa, S.C. (1982). The hardy personality: toward a social psychology of stress and health. In Sanders, G.S. & Suls, J. (eds*.). Social psychology of health and illness*. Hillside: Erlbaum.

Kosa, J. Zola, I. & Antonovsky, A. (1969). *Poverty and health*. Cambridge: Harvard University Press.

Kotze, D. 2002. Doing participatory ethics. In Kotze, D., Myburg, J., Roux, J. & Associates (Eds.). *Ethical ways of being.* Pretoria: Ethics Alive.

Kubler-Ross, E (1973) *On Death and Dying*. London: Routledge.

Kubler-Ross, E (2005) On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss, Simon & Schuster Ltd,

Landman, C. (2003). Angs, vrees, depressie…'n epidemie erger as vigs. *Rapport,* 22 Junie, 21.

Lazarus, A.A. (1976). *Multimodal behavior therapy*. New York: Springer.

Lazarus, A.A. (1981). *The practice of multimodal therapy*. New York: McGraw-Hill.

Lazarus, R. (1966). *Psychological stress and the coping process.* New York: McGraw Hill.

Lazarus, R. S. & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer Publishing.

Leedy, P.D. & Ormrod, J.E. (2001). *Practical research: planning and design*. (7th ed.). New Jersey: Prentice Hall.

Levin, J.S. (1996). How religion influences morbidity and health: reflections on natural history, salutogenesis and host resistance. *Social Science and Medicine, 43*, 849 – 864.

Lie, G.T., Biswalo, P.M. (1994). Perceptions of the appropriate HIV / AIDS counsellor in Arusha and Kilamanjaro regions of Tanzania: Implications for hospital counselling. *AIDS Care, 6*, 139 – 151.

Lindemann, E. (1944). Symptomology and management of acute grief. *American Journal of Psychiatry, 101*, 141-148.

Linley, P. A. (2003). Positive adaptation to trauma: Wisdom as both process and outcome. *Journal of Traumatic Stress, 16,* 601-610.

Linley, P.A. & Joseph, S. (2004). Positive changes following trauma and adversity: a review. *Journal of Traumatic Stress, 17*, 11 – 21.

Litz, B.T., Gray, M., Bryant, R.A. & Adler, A.B. (2002). Early intervention for trauma: Current status and future directions, *Clinical Psychology: Science & Practice, 9(2*), 112–134.

Locke, L.F., Spirduso, W.W. & Silverman, S.J. (1993). *Proposals that work. A guide for planning dissertations and grant proposals.* (3rd ed.). New York: Macmillan.

Louw, A. (1998). *Crime in Pretoria. Results of a city victim survey*. Institute for Security Studies: Halfway House.

Louw, A. & Shaw, M. (1997). *Stolen opportunities: the impact of crime on South Africa's poor*. ISS Monograph Series, Institute for Security Studies: Halfway House

Louw, D.A., Van Eede, D.M. & Louw, A.E. (1999). *Menslike ontwikkeling*. (3rd ed.). Pretoria: Kagiso.

Maddi, S.R. & Khoshaba, D.M. (1994). Hardiness and mental health. *Journal of Personality Assessment, 63*, 265 – 274.

Maguire P. (1987). *Doing participatory research: a feminist approach.* Amherst: University of Massachusetts

Maimane, R. (2005). *Reflective teaching and learning.* Workshop presented at Tshwane University and Technology, June 2005.

Markam, U. (2002). *Bereavement.* London: Vega Guides.

Marta, S.Y. (2003). *Healing the hurt. Restoring the hope*. London: Rodale.

Marzuk, P.M., Tierney, H., Tardiff, K., Gross, E.M., Morgan, E.B., Hsu, M.A. & Mann, U.U. (1988). Increased risk of suicide in persons with AIDS. *Journal of the American Medical Association, 259*, 1333-1370.

Maslach, C. (1982). Burnout: the cost of caring. Englewood Cliffs, New Jersey: Prentice Hall

Maslach, C. (1986). Stress, Burnout, and alcoholism. In Kilburg, R R; Nathan, P E & Thoreson, R W (Eds.). *Professionals in distress: Issues, syndromes, and solutions in Psychology*, pp. 53-76. Washington, DC: American Psychological Association, Inc.

Maslow, A. (1968). *Toward a psychology of being*. Princeton: Van Nonstrand.

Maslow, A.H. (1970). *Motivation and personality*. (2nd. ed.). New York: Harper Collins.

May, R. (1977). *The meaning of anxiety*. New York: Norton.

Mayou, R. & Farmer, A. (2002). ABC of psychological medicine. Trauma. *British Medical Journal*, *325*, 426-429.

McGeary, J. (2001). Death stalks a continent. *Time, 157*, 46-54.

McGraw, P.C. (1999*). Life strategies*. Parktown: Random House.

McKendrick, B. & Hoffmann, W. (1990). (Eds.). *People and violence in South Africa*. Cape Town: Oxford University Press.

McMahon, G. (2000). *Coping with life's traumas*. Dublin: Newleaf.

McTaggart, R. 1997. Guiding Principles for Participatory Action Research. In *Participatory Action Research: International Contexts and Consequences.* Albany: New York Press.

Merriman, S.B. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey Bass.

Minkler, M. & Wallerstein, N. (2003) *Community-based participatory research for health.* San Francisco, CA: Jossey-Bass.

Mitchell, J.T. (1983). When disaster strikes…the critical incident stress debriefing process. *Journal of Emergency Medical Services, 8*, 36-39.

Modiba, P., Schneider H., Porteus, K. & Gunnarson, V. (2001). Profile of Community Mental Health Service Needs in the Moretele District (North-West Province) in South Africa. *Journal of Mental Health Policy and Economics, 4(4),* 189-196.

Moran, G. (2005). *Key issues in victim empowerment*. Themba Lesizwe: Pretoria.

Morrell, R. (Ed.). (2001) *Changing men in Southern Africa*. Pitermaritzbug: University of Natal Press.

Mouton, J. (1998). *Understanding social science research*. Pretoria: Van Schaik.

Murdoch, D., Phil, R.O. & Ross, D. (1990). Alcohol and crimes of violence. *International Journal of the Addictions, 25,* 1065 – 1081.

Myer, R.A. (2001). *Assessment for crisis intervention: A triage assessment model.* Belmont, CA: Wadsworth.

Myers, J.E., Sweeney, T.J. & Witmer, J.M. (2001). Optimisation of human behaviour: promotion of wellness. In Locke, D., Myers, J., & Herr E. (eds.). *The Handbook of Counselling.* Thousand Oaks, CA: sage Publications.

Myers, J. E., & Sweeney, T. J. (2004). The Indivisible Self: An Evidence-Based Model of Wellness. *Journal of Individual Psychology, 60*, 234-244.

Myers, J.E. & Sweeney, T.J. (2005). Counselling for wellness: theory, research and practice. American Counselling Association.

Nel, J.A. & Kruger, D.J. (1999). *From policy to practice: exploring victim empowerment initiatives in South Africa*. Pretoia: CSIR.

Nel, J.A. & Kruger, D.J. (2003). *"From policy to practice": Victim empowerment in South Africa. A follow-up study.* Interim Technical Report

Nel, J.A., Koortzen, P. & Jacobs, E. (2001). *Study guide: a short course in victim / survivor empowerment and support.* Unpublished study guide. Pretoria: Unisa.

Nel, J.A., Koortzen, P. & Jacobs, E. (2004). Victim / survivor empowerment and support short course workshop (4 – 7 May, 2004. Pretoria).

Nelan, B. (1999). Special report: South Africa. Fighting on. *Time, 153*, 38-50.

Nell, V. (2001). Community psychology and the problem of policing in countries in transition. In Seedat, M. (ed.)., Duncan, N. & Lazarus, S. (cons. eds.). *Community psychology: theory, method and practice. South African and other perspectives.* Cape Town: Oxford University Press.

Neuman, W.L 1997. Qualitative Research Design. In *Social methods: Qualitative and Quantitative approaches.* 7th edition. Boston: Allyn & Bacon. 327-342.

Nevid, J.S., Rathus, S.A. & Greene, B. (2000). *Abnormal psychology in a changing world.* (4th ed.). New Jersey: Upper Saddle River.

Norton, G. (1993). Stress and coping. In Louw, D.A. & Edwards, D.J.A. (Eds.). *Psychology: an introduction for students in South Africa.* Johannesburg: Lexion.

Ormel, J. & Schaufeli, W.B. (1991). Stability and change in psychological distress and their relationship with self-esteem and locus of control: a dynamic equilibrium model. *Journal of Personality and Social Psychology, 60,* 288 – 299.

Ortlepp, K. & Friedman, M. (2002). Prevalence and correlates of secondary traumatic stress in workplace lay counsellors. *Journal of Traumatic Stress, 15*, 213-222.

Overmier, J. B. and Seligman, M.E.P. (1967). Effects of inescapable shock upon subsequent escape and avoidance responding. *Journal of Comparative and Physiological Psychology*, 63, 28-33.

Parad, H.J. & Parad, L.G. (1990). *Crisis intervention book: the practitioner's source book for brief therapy.* Milwaukee, WI: Family Service of America.

Parkes, C. M. 1974. *Bereavement.* International Universities Press, New York.

Pearlman, L.A. & Saakvitne, K.W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: Guilford Press.

Pederson, P. (1990). The constructs of complexity and balance in multicultural counselling theory and practice. *Journal of Counselling and Development, 68*, 550-554.

Petersen, C., Maier, S.F., Seligman, M.E.P. (1995). *Learned Helplessness: A Theory for the Age of Personal Control*. New York: Oxford University Press.

Peterson, C. & Seligman, M.E.P. (1983). Casual explanations as a risk factor for depression: theory and evidence. *Psychological Review, 91*, 347 – 374.

Plug, C., Louw, D.A.P., Gouws, L.A. & Meyer, W.F. (1997). *Verklarende en vertalende Sielkundewoordeboek*. Johannesburg: Heinemann.

Pretorius-Heuchert, J W & Ahmed, R 2001. Community psychology: Past, present and future, in Seedat, M, Duncan, N & Lazarus, S (cons. eds), *Community psychology: Theory, method and practice. South African and other perspectives*. Oxford: Oxford University Press.

Psych-Action. (2001). ABSA Post traumatic stress and trauma counselling skills. ABSA Trauma Counsellors Workshop (May, 2003, Pretoria).

Raphael, B. (1983). *Anatomy of bereavement*. New York: Basic.

Rappaport, J (1981). In Praise of Paradox: A Social Policy of Empowerment over Prevention. In Terre Blanche, M J, Butchart, A & Seedat, M (eds), 1996. *New Perspectives in Community Psychology*. *Reader for PSY477-Y*. Pretoria: University of South Africa.

Reason, P. (1994). Three approaches to participative inquiry. In N. K. Denzin & Lincoln, Y.S. (eds.). *Handbook of qualitative research*. Thousand Oaks, California: Sage.

Redman, C. (1999). In gear for growth. *Time, 153*, 58-65.

Reeves, H. (1985). Victim support schemes: the United Kingdom model. *Victimology: An International Journal, 10 (1 – 4),* 679 – 686.

Registered Nurses Association of Ontario (2002). *Crisis Intervention.* Toronto, Canada: Registered Nurses Association of Ontario.

Reinharz, S (1992). *Feminist methods in social research*. New York: Oxford University Press.

Resnick, H.S., Kilpatrick, D.G., Dansky, B.S., Saunders, B.E. & Best, C. (1993). Prevalence of civilian trauma and post-traumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychology, 3*, 981 – 984.

Richards, T.A. (2002). Spiritual resources following a partner's death from Aids. In Neimeyer, R.A. (Ed.). *Meaning reconstruction and the experience of loss*. Washington: American Psychological Association.

Robbins, S.P. (1997). *Organizational behavior: concepts, controversies and applications*. New jersey: Prentice Hall.

Roberts, A. (1990). *Crisis Intervention Handbook.* Belmont, CA: Wadsworth.

Roberts, A.R. (2000). An overview of crisis theory and intervention. In Roberts, A.R. (ed.). *Crisis intervention handbook: assessment, treatment and research*. (2nd ed.). New York: Oxford University Press.

Rogers, C.R. (1942). *Counseling and psychotherapy: newer concepts in practice.* Massachusetts: Houghton Mifflin Company.

Rogers, C.R. (1951). *Client-centered therapy*. Boston: Houghton Mifflin Company.

Rogers, C.R. (1961). *On becoming a person: a therapist's point of view of psychotherapy on becoming a person*. London: Constable.

Rogers, C.R. (1980). *A way of being*. Boston: Houghton Mifflin.

Rogers, C.R. (1987). *Client-centered therapy – its current practice, implications and theory.* London: Constable.

Rogers, C.R. (1989). A client-centered / person-centered approach to therapy. In Kirschenbaum, H. & Henderson, V.L. (eds.). *The Carl Rogers reader.* London: Constable.

Rosenbaum, M. (1988). Learned resourcefulness, stress and selfregulation. In Fisher, S. & Reason, J. (Eds.). *Handbook of life stress cognition and health*. Chichester: Wiley and Sons.

Rosenbloom, D. J., Pratt, A. C., & Pearlman, L. A. (1995). Helpers' responses to trauma work: Understanding and intervening in an organization. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians,researchers, and educators*. Lutherville, MD: Sidran.

Rotter, J.B. (1966). Generalized expectations for internal versus external control of reinforcements. *Psychological Monographs: General and Applied, 80, 1 - 28*.

Rotter, J.B. (1975). Some problems and misconceptions related to the construct of internal and external control of reinforcement. *Journal of Consulting and Clinical Psychology, 43*, 56 - 67.

Rotter, J.B. (1990). Internal versus external control of reinforcement. *American Psychologist, 45,* 489 – 493.

Ryan, R.M. & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being*. Annual Review of Psychology, 52,* 141 - 166.

Ryff, C.D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry, 20,* 1-28.

Salazar. L.F. & Cook. S.L. Violence against women: Is psychology part of the problem or the solution? A content analysis of psychological research from 1990 through 1999. *Journal of Community & Applied Social Psychology, 12,* 410 - 421

Schurr, P.P., Lunney, C.A. & Sengupta, A. (2004). Risk factors for the development versus maintanance of posttraumatic stress disorder. *Journal of Traumatic Stress, 17(2),* 85 – 95.

SAQA. (South African Qualifications Authority). (2005). Human and social studies. SGB for victim empowerment meeting. (Meeting held on 7 - 8 July, Pretoria).
SAQA. (South African Qualifications Authority). (2007). Lay counsellor qualification. Draft Further Education and Training Committee: Counselling Qualification. (Electronic mail received from the South African Institute for Traumatic Stress on 25 / 10 / 2007).

Scott, M.J. & Stradling, S.G. (1994). Post-traumatic stress disorder without the trauma. *British Journal of Clinical Psychology, 33,* 71 – 74.

Scott, M.J., Stradling, S.G. & Dryden, W. (1995). *Developing cognitive behavioural counseling.* London: SAGE Publications.

Seedat, M., Kruger, P. & Bode, B. (2003). Analysis of records from an urban African psychological service: suggestions fro mental health systems research. *South African Journal of Psychology, 33*, 44 - 51.

Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive Psychology: an introduction. *American Psychologist. January, 55(1),* 5-14.

Seligman, M.E.P. (1975). *Helplessness: On Depression, Development, and Death*. San Francisco: W.H. Freeman.

Seligman, M.E.P. (1998). *Learned optimism*. New York: Pocket Books.

Seligman, M.E.P. (2002). *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. New York: Free Press/Simon and Schuster.

Selye, H. (1965). The Stress Syndrome. *The American Journal of Nursing*, Vol. 65, No. 3. pp. 97-99.

Selye, H. (1974). *Stress without distress*. Philadelphia: Lipincott.

Selye, H. (1976). *The stress of life*. New York: McGraw Hill.

Selye, H. (1980). *Selye's guide to stress research. Volume 1.* New York: Van Nonstrand.

Sharma, S.L. (1986). *The therapeutic dialogue: a guide to humane and egalitarian psychotherapy*. New Jersey / London: Jason Aronson Inc.

Shulz, H., Van Wyk, T. & Jones, P. (2000). *Trauma in Southern Africa.* Randburg: Traumatology Services International.

Silove, D. & Schweitzer, R. (1993). Apartheid: disastrous effects of a community in conflict. In Wilson, J.P. & Raphael, B. (eds.). *International handbook of traumatic stress syndromes.* New York / London: Plenum Press.

Sinoville Crisis Centre House Rules. (1999). Unpublished Sinoville Crisis Centre documentation.

Sinoville Crisis Centre Protocol File. (1999). Unpublished Sinoville Crisis Centre documentation.

Slaikeu, K.A. (1984). *Crisis Intervention*. Boston, MA: Allyn and Bacon.

Slaikeu, K. A. (1990). *Crisis intervention: A handbook for practice and research* (2nd ed.). Needham Heights, MA: Allyn & Bacon.

Smith, L.L. (1977). Crisis intervention theory and practice. *Community Mental Health Review, 2*, 1 - 13.

Smith, C. & Carlson, B.E. (1997). Stress, coping, and resilience in children and youth. *Social Science Review, 72*, 3.

Smith, M.E. & Kelly, L.M. (2001). The journey of recovery after a rape experience. *Issues in Mental Health Nursing, 22(4),* 337-352.

Snyman, H.F. (1990). *'n Kriminologiese perspektief rakende dienslewering aan slagoffers van misdaad.* Unpublished Doctoral thesis. Pretoria: Unisa.

Sohng, SSL (1995) Participatory research and community organizing. Working paper presented at the New Social Movement and Community Organizing Conference, University Of Washington, Seattle, WA. November 1-3, 1995. Available at http://www.interweb-tech.com/nsmnet/docs/sohng.htm (Accessed 11 / 06 / 2006)

Sommers-Flanagan, J. & Sommers-Flanagan, R. (1993). *Foundations of the therapeutic interview.* Boston: Allyn and Bacon.

Sorenson, S.B. & Golding, J.M. (1990). Depressive sequelae of recent criminal victimitasation. *Journal of Traumatic Stress, 3*, 337-350.

Stamm, B.H. (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators.* Maryland: Sidran Press.

Stamm, B.H. (1997) *Work-related secondary traumatic stress*. PTSD Research Quarterly 5 (2), 1-6

Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion fatigue and satisfaction test. In C.R. Figley (Ed.). *Treating compassion fatigue*. New York: Brunner Mazel.

Stanley, L. & Wise, S. (1983). *Breaking out: Feminist consciousness and feminist research*. London, New York: Routledge & Kegan Paul.

Statistics (2007). South African crime statistics for 2007. Available from: http://www.saps.gov.za/statistics/reports/crimestats/2007/crime_stats.htm (Accessed on 11 / 10 / 2007).

Strümpfer, D.J.W. (1990). Salutogenesis: a new paradigm. *South African Journal of Psychology, 20(4),* 265-276.

Strümpfer, D.J.W. (1995). The origins of health and strength: from salutogenesis to fortigenesis. *South African Journal of Psychology, 25(2),* 81-89.

Strümpfer, D.J.W. (1999). Psychological resilience in adults. *Slovak Academy of Science, 41*, 89 – 104.

Strümpfer, D.J.W. (2001). A model of intra-personal resilient functioning in adults. Manuscript submitted for publication. Available from: http:/www.general.rau.ac/psych (Accessed on 11 / 10 / 2003).

Strümpfer, D.J.W. (2003). Resilience and burnout: a stitch that could save nine. *South African Journal of Psychology, 33*, 69 – 79.

Strümpfer, D.J.W. (2002). Psychofortology: review of a new paradigm marching on. Available from: http:/www.general.rau.ac/psych (Accessed on 11 / 10 / 2003).

Strümpfer, D.J.W., & Wissing, M.P. (1998). Review of South African data on the Sense of Coherence Scale as a measure of fortigenesis and salutogenesis. Paper presented at the annual congress of the Psychological Society of South Africa, Cape Town, South Africa, September 1998.

Sue, D., Sue, D & Sue, S. (1997). *Understanding abnormal behavior*. (5th ed.). Boston: Houghton Mifflin Company.

Sue, D.W. & Sue, D. (1999). *Counselling the culturally different*. Canada: John Wiley & Sons.

Summerfield, D. (2000). War on mental health: a brief overview. *British Medical Journal, 321,* 232-235.

Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *British Medical Journal, 322*, 95-98.

Swartz, L (1996). Culture and Mental Health in the Rainbow Nation: Transcultural Psychiatry in a Changing South Africa. *Transcultural Psychiatry, Vol. 33(2),* 119-136

Tandon, R. (1981). *Participatory evaluation: theory and practice*. New Delhi: Indian Institute for Social Research.

Tedeschi, R.G., Park, C.L. & Calhoun, L.G. (1998). Posttraumatic growth: conceptual issues. In Tedeschi, R.G., Park, C.L. & Calhoun, L.G. (Eds.). *Posttraumatic growth: positive changes in the aftermath of crisis*. New Jersey:

Lawrence Erlbaum Associates Publishers.

Terre Blance, M. & Kelly, K. (1999). Interpretative methods. In Terre Blanche, M. & Kelly, K. (eds.). *Research in practice: applied methods for the social sciences*. Cape Town: UCT Press.

Torkington, N.P.K. (2000). *Community health needs in South Africa*. Andershot / Vermont: Ashgate Publishing.

Trippany RL, Kress VEW & Wilcoxon, SA (2004). Preventing Vicarious Trauma: What Counselors Should Know When Working With Trauma Survivors. *Journal of Counselling and Development, (Winter), 82,* 31 – 37.

Tyhurst, J. S. (1958). The Role of Transition States-Including Disasters in Mental Illness. In *Symposium on Preventive and Social Psychiatry* (pp. 1-23). Washington, DC: Walter Reed Army Institute of Research.

Uzzel, D. 1995. Ethnographic and Action Research. In *Research methods in Psychology*. Breakwell, G.M., Hammond, S. & Fife-Schaw, C. (Eds) 4th edition. London: Sage.

Van Dyk, A. (2001a*). Hiv / Aids care & counselling: a multidisciplinary approach*. (2nd ed.). Cape Town: Pearson.

Van Dyk, A. (2001b). Traditional African beliefs an customs: implications for Aids educations and prevention in Africa. *South African Journal of Psychology, 31*, 60 – 66.

Van Emmerik, A.A.P., Kamphuis, J.H., Hulsbosch,A.M. & Emmelkamp, P.M.G. (2002). Single session debriefing after psychological trauma: a meta-analysis*. The Lancet, 360,* 766 – 771.

Van Niekerk, P. (2003). Hoor werkloses se noodkreet en help. *Beeld,* 29 Oktober, 15.

Van Vuuren, D. & Maree, A. (1999). Survey methods in market and media research. . In Terre Blance, M & Durrheim, K. (eds.). *Research in practice: applied methods for the social sciences.* Cape Town: UCT Press.

Vermeulen, P.J. (2000). *Vigs*. Unpublished Sinoville Crisis Centre document.

Vermeulen, P.J. (2002). *Gedagtes rodom die trauma van misdaadslagoffers*. Unpublished Sinoville Crisis Centre document.

Violanti, J. M. (2000). Scripting trauma: The impact of pathogenic intervention. In C. Dunning (Ed.), *Posttraumatic stress intervention: Challenges, issues, and perspectives* (pp. 153–165). Springfield, IL: Charles C Thomas.

Violanti, J.M. (2001). Editorial. The Australasian Journal of Disaster and Trauma Studies Volume,2001-2. Available at http://www.massey.ac.nz/~trauma/issues/2001-2/editial.htm (Accessed on 20 / 02 / 2006).

Vorster, J.M. (2003). HIV / Aids human rights. *The Ecumenical Review* (October). Available from: www.findarticles.com (Accessed on 06 / 06 / 2004).

Wadsworth, Y. 1998. What is Participatory Action Research? *Action Research International, Paper 2.* Available from: http://www.scu.edu.au/schools/sawd/ari/ari-wadsworth.html. (Accessed on 11 / 12 / 2003).

Wainright, D. & Calnan, M. (2002). *Work Stress. The Making of a Modern Epidemic*. Buckingham, UK: Open University Press.

Wheeler, S. (1996). *Training counsellors: the assessment of competence.* London: Cassell.

Winkel, F.W. (1998). Fear of crime and criminal victimization: testing a theory of psychological incapacitation of the stressor based on downward comparison process. *British Journal of Criminology, 38*, 473-484.

Wissing, M.P.W., & Van Eeden, C. (1997). *Psychological wellbeing: a fortigenic conceptualisation and empirical clarification*. Paper presented at the 3rd Annual Congress of the Psychological Society of South Africa. Durban, South Africa, 10 - 12th Sept.

Wissing, M.P.W. (2000). *Wellness: Construct clarification and a framework for future research and practice.* Paper presented at the First South African National Wellness Conference. Port Elizabeth, South Africa, 2-5 May.

Wolpe, J. (1973). *The practice of behavior therapy*. New York: Plenum Press

Worden, J. (1991). *Grief counseling and grief therapy*. New York: Springer Publishing Company.

Young, P. (2003). Ryker lewe vir man na restaurant-bom. *Rapport*, 9 November, 16.

Zambi News (2007). *Dr. Pixie is 'n ware 'mens'-mens*. Available at http://www.zambi.co.za/artikel.asp?nID=1044 (Accessed on 28 / 11 / 2007)

Zuber-Skerrit, O. 1996. *New Directions in Action Research*. London: Farmer Press.

APPENDIX A

INVITATION TO SINOVILLE CRISIS CENTRE COUNSELLORS

I, Henry Mason, would like to include your unique experiences during crisis and trauma counselling in my research. This means that you will have an opportunity to retell and share your experiences during an interview.

Please read this information sheet carefully before deciding whether or not to participate. You have the right to say no. There will be no disadvantage or consequences to you of any kind. If you decide to participate, I thank you and look forward to traveling this road together with you.

PURPOSE OF THIS LETTER

The aim of this information letter is five fold:

- To inform you about the aims of the study;
- To draw your attention to the ethical guidelines that I subscribe to and being implemented in this study as well as to ensure an understanding of the researcher and participant roles;
- To reduce anxieties and ease potential sensitivity regarding participation in this study;
- To ensure understanding of the interviewer role and expectations;
- To stimulate ideas regarding contributions to the interview.

PURPOSE OF THE STUDY

This study is undertaken in full requirement for a Masters degree in Psychology.
In this study I would like to:

- Describe the SCC's crisis intervention programme;
- Allow the SCC to speak for itself by expressing its thoughts, perspectives, and principles;
- Reflect on what is positive and needs to accelerated, what is bad and needs to be fixed, and what is missing and needs to be initiated?
- Generate a tentative map for future programme advancement and sustained development.

PARTICIPANTS NEEDED FOR THE STUDY

Eight (8) to twelve (12) counselors who have previously joined in crisis and /or trauma counselling at the SCC, are requested to share their experiences encountered during the course of the therapeutic conversations.

WHAT WILL BE REQUIRED OF PARTICIPANTS

If you agree to take part in this study, you will, firstly, be requested to sign the attached consent form for use of the information obtained to be used in this study.

Information will be collected from you by means of individual as well as focused group interviews. During the individual interviews, I will pose the interview questions to you. These questions are by now means exclusive, as, depending on your responses, further questions might be generated.

To ensure that a full and detailed copy of the interview process is available, and to prevent any possible misrepresentation of your experiences, the entire interview will be tape recorded with your prior consent. If you prefer otherwise, I shall make notes during our interviews.

If there is any aspect of the information collected you feel is too personal to you, or which you do not feel comfortable about using in this study, you have the right to include this in the reflective exercise in which case this information will not be used.

After completion of all individual research interviews, the emerging themes and ideas will be utilized in conjunction with the individual interview questions to construct a second research interview schedule. This interview schedule will be utilised for the focuds group interview.

All SCC counsellors who participated in the individual interviews are requested to participate in the group interview. Following the group interviews, I will transcribe the tape recording/s of the individual. I will then conduct the data analysis procedure.

After completion of the above, the emerging themes and ideas will be utilised to write two research reports. One research report will be written up in the form of a Master's dissertation and a second report will be an article that could be published in a scientific subject journal. All research reports will be available to all SCC counsellors.

You also have a choice, about whether you want to conduct the sessions in Afrikaans or English. However, the report will be written in English to make it culturally and internationally accessible. Therefore all summaries and other possible correspondence will be in English.

FREE PARTICIPATION

An important ethical principle in research entails the right of the participants to engage or disengage. You therefore have the right to withdraw your participation any time without any consequences to you.

This study is run in requirement for a Master's Degree and participants will therefore receive *no financial benefit* from participating.

As collaborators in the research process, however, both the researcher - myself - and you as participant, co-learn and educate each other through our interactive cultures, worldviews, and life struggles.

This study serves as a frame where we all can verbalise our understanding of the SCC context and create a shared socially defined reality.

A cyclical process of co-empowerment, co-accountability and critical reflection will be emphasised and accordingly emerge as common evaluation threads.

ETHICAL AND VALUE ORIENTATION

In this study, I attempt to emphasise and facilitate a collaborative, non-judgemental, and non-hierarchal relationship between myself and you, the SCC community, with the aim of *knowing with* one another. Let me explain what I mean with thiA:

All scientific knowledge produced, involves moral and political questions that affect the lives of the people who are "being researched", including using the language of power, oppression and domination. Too long, in South Africa, we have been subjected by a political system that suppresses its people's needs and experiences; as well as by traditional "western" scientific research approaches which subjugates our experiences in terms of "objective knowledge".

In this study, therefore, the emphasis is not on *my* observations or interpretations, but on the specific meanings generated by you, the participant.

Supporting research that is relevant to people who have "vested interests" can help to shape services (particularly crisis and trauma services) that are supportive and respectful. Doing research *to* people instead of *with* people, can be disrespectful and can be painful, particularly if the research involves the revelation of personal information.

Therefore, I hope that my research would come from a different context, recognising you as the expert on your own experiences, and valuing and respecting those experiences and unique meanings. It is my intention to involve you in ways which are ethical, useful, and sensitive to your strengths and needs.

RESEARCH PARTICIPANT ROLE

Your role as a research participant is two fold. First, you provide information in response to the researcher's (myself) enquiries.

Secondly, you are considered a co-researcher in this study. In other words, you are actively contributing to the study through a process of critical reflection that is focused on empowerment: defining the SCC system by providing a description of important components, determining what has worked within the SCC system, what has not worked, what lessons can be learned and how this be used for future SCC endeavors?

EXPECTATIONS IN THIS STUDY

The following guidelines reflect what I hope to gain from you as participant:

- Respecting the SCC, the work being done and everyone who has contributed to this institution;
- Respecting, valuing and learning from diverse opinions, ideas and beliefs;
- To be honest and forthcoming during this research process;
- Using your unique talents and knowledge gained as a SCC counsellor to promote positive change.

RESEARCHER'S ROLE

My role as primary researcher is, firstly, to receive information in a non-judgemental, collaborative way from all research participants.

Secondly, my aim is to co-create a better understanding of SCC dynamics. I therefore undertake to:

- Be honest and ethical, and practice strong moral values;

- Treat all research participants with politeness and respect;
- Honor the ideas and opinions of others;
- Respect you and work with you to solve problems;
- Be open to substantiated critique and promptly correct and offer feedback on the work being conducted;
- Work with you to attain this research study's aims.

CONFIDENTIALITY

There will be no pain, discomfort, or threat to your physical safety in your participation.

A potential function of this study, however, could be that criticism is to be leveled against the SCC. While the aim of the study is formative in nature (leveling and making use of constructive criticism) the threat and perceived threat of destructive criticism does exist. Given that this is a sensitive subject due to a lot of personal interest and investment from numerous parties, appropriate measures have been put into place:

The information obtained during our interviews will be discussed with my supervisors and will be used for this study. With your prior consent, I shall tape-record our conversations, or, if you prefer, make notes during our conversations.

All information collected during the study will be securely stored, either in a locked cabinet, or on computer with a password known only to myself; and will be destroyed after conclusion of the study.

If you choose to stay anonymous, but still want to participate in the study, a pseudonym chosen by you will be used and anonymity will be guaranteed.

RESULTS OF THE STUDY

As already mentioned the results of the study will be available to the SCC; utilised for a Masters qualification, and might also be published in a journal, or another psychological/ scientific publication.

Once again, at your request, a pseudonym could be used to ensure your anonymity.

QUESTIONS OF PARTICIPANTS

Should you have any questions or concerns regarding the study, now or in the future, please do not hesitate to contact me:

Henry Mason
TeA: 072 311 72 78
E-maiA: masonh@tut.ac.za

Or my supervisors
Mr. J.A. Nel
TeA: 012 – 429 80 89
E-maiA: nelja@unisa.ac.za

Dr. Y.A. du Toit
TeA: 012 – 543 9000
E-maiA: docpix@hotmail.com

This study has been reviewed and approved by the Department of Psychology, Unisa.

APPENDIX B

INTERVIEW SCHEDULE

1. You have been involved with the SCC for __ number of years. There is no doubt in my mind that you have an important story to tell / contribution to make to this study regarding your impressions, experiences (etc) of the SCC. Will you share this with me? (There are no correct or incorrect answers to this question).

2. Tell me about your impressions of a typical SCC client. Who are they? What impact do crises have on their lives (e.g. how they think, what they feel, how they behave)?

3. What is your opinion on the following statement: crises provide opportunity and danger?

4. Tell me about your impressions of a typical SCC counsellor. Are there any defining characteristics of an effective SCC counsellor?

5. Do you think these characteristics as the same or different for counsellors form other contexts?

6. The SCC delivers crisis intervention services to victims of a variety of crises such as domestic violence, natural disasters and substance abuse. How do you go about delivering crisis intervention services to victims? What do you do? What are your aims? Does this work?

7. What effect does delivering crisis intervention services have on you?

8. How do you go about managing the pressures of the aforementioned challenges on an individual level?

9. How does the SCC assist you with this? Are the training, supervision and counsellor debriefing, for instance, sufficient?

10. Are there role players, other than the SCC, that play a role within the recovery process of crises victims? Who are these role players? What role do these role

players play? Where does the SCC fit in? Would it be beneficial to the SCC to network with such role players? Please motivate your answer.

11. What do you regard as the SCC's strengths?

12. What have been the major successes within the SCC set up? What have been the positive outcomes of the SCC? What has worked?

13. What do regard as the SCC's weaknesses?

14. What have been the major failures within the SCC set up? What have been the struggles for the SCC? What has not worked? How So?

15. The SCC has been in existence for seven years now (2006) and has assisted numerous crises victims. The SCC mission statement reads as followA: "To render a community based emotional support service to victims of crime, accidents and crises". Would you agree with the statement that, using the SCC mission statement as criteria, the SCC has been successful in its endeavours? If yes, what principles have driven the SCC in this endeavour? What have been the SCC's critical success factors? If no, what contributed to this situation?

16. With regards to the SCC, reflect on the following: what is positive and needs to be accelerated? What is bad and needs to be fixed? What is missing and needs to be initiated?

17. Do you have any additional comments or are there any questions you would like to revisit?

APPENDIX C

CONSENT FORM FOR PARTICIPATION

TITLE OF STUDY - Sinoville Crisis Centre: evaluation of a volunteer based initiative

I have read the Information Sheet concerning the study and I understand the purpose of this research. I consent to participate in the study subject to the following conditionA:

a. I am under no obligation to participate.
b. Knowing I can choose to participate, or withdraw from participation at any time with no consequence attached to this.
c. I am aware that my personal information will be used for the purposes for the study. I am also aware that if there is any aspect of the information collected I feel is too personal to me, or that I do not feel comfortable about using in this study, that this information will not be used.
d. I am aware that all information regarding myself will be treated confidentially and be stored securely; and will be destroyed at the conclusion of the study. I am, however, aware that any raw data the study depends upon will be retained for three years.
e. I receive no payment or compensation for participating on this study.
f. I am aware that Henry's supervisor will have access to all information regarding this study.
g. I am aware that I can choose a pseudonym in order to protect my identity.
h. I am aware that the study might be published in psychological or another scientific journal.

I am willing to participate in this research study.

I choose to go by my given name:

……

I choose the following pseudonym (name and surname):

…….

…….

…….

Name of participant (capital letters)

Signature of witness

…….

…….

Signature of participant

Date

APPENDIX D

CRITICAL REFLECTION

1. NATURE OF THE EXPERIENCE

    1.1 Briefly describe the key events as the situation unfolded.

    1.2 Briefly describe the assumptions that existed around the experience.

    1.3 What were the outcomes of the experience?

2. PERSONAL INVOLVEMENT

    2.1 What were my actions, reactions and decisions?

    2.2 Why did I act the way I did?

    2.3 What was the impact of my behaviour?

3. FACTORS THAT CREATED THE OUTCOMES

    3.1 What factors influenced my actions, reactions and decisions?

    3.2 What factors did I fail to consider?

4. ALTERNATIVE ACTIONS

    4.1 What other options or choices did I fail to consider?

    4.2 What might have been their consequences?

    4.3 What will I do differently next time?

5. LEARNING AND GROWING

    5.1 How do I feel about the situation now?

    5.2 What have I learned? How have I changed?

APPENDIX E

INDIVIDUAL INTERVIEW TRANSCRIPTIONS

INTERVIEW 1

Henry: Morning _____. Thank you for your willingness to participate. I assume that you have read through the invitation letter and that you find the arrangements suitable?

Answer: [Nods to indicate yes]

H: I would just like to reiterate that I am here today not to judge whether what you are saying is correct or incorrect. Rather I would like to explore some research questions and actually find out what you have learned from delivering crisis center intervention services at the SCC. As far as I know you have been working at the SCC for quite some time now, and in my mind there is no doubt that you many important contributions to make to this study as well as an important story to tell with regards to your impressions and experiences at the SCC…would you mind sharing?

A: Well, I think the SCC is definitely needed. It is an aspect as far as our society is now concerned…there is definitely a need…this service, it's missing. Having the center where it is, creates the opportunity for many people to access it. And I think what makes it even more special is the accessibility and the fact that it is voluntarily run. You know this whole issue of finances tends to put people off this road.

And also very important…what I think…is the fact that it has also made it very easy for the police to deal with very traumatized people…because I can remember the incident that I have seen here, with people that came in directly from an incident like mugging and they were terribly traumatized. There's no way you can get a report from a person that is so highly traumatized.

In many cases they just need to calm them down in a place or environment that they feel safe in. Knowing about the SCC has allowed people to link to these traumatised people to us.

I can say I haven't been here a long time and I haven't been exposed to many stuff like some of the other volunteers, but I definitely think there is a need for more of these centers. Even if it is not at police stations, but you know in most communities, especially now.

H: You mentioned and spoke about victims, or clients, and reporting the cases to the police. What are your impressions of a typical SCC client?

A: Now typical would be…the clients who come here, don't come as a result of… [Thinking]…you know, the ones I speak about come to the SCC traumatized…those that come off the road. They come directly to the police station after mugging or an accident and the police bring them here because they just can't get a statement from them.

They are shaking and they are nervous and they are scared as well. So at the Center in that sense, just calms them down. The other group of clients is the ones that you know, obviously they had chronic problems. It didn't happen over night and they finally got the courage to report it. You know, may be the first visit the police will refer them to us but on subsequent visits they come on their own. So those are the two categories that I have experienced. They don't always come referred from the police.

H: Tell me, the clients you see, what do they think? What do they feel? How do they behave?

A: They are angry, look, we are living in a society where crime is rife and the few incidences that I have had to deal with is people who have been victims of crime any which way. And they are angry, after they have told their story, the anger is not far away and you can see. So after they have calmed down, they in fact become angry. That is what, you see the metamorphoses from after they have taken in what happened to them, then the anger surfaces…they say maybe I should have acted like this when this thing happened, but the anger does surface very quickly.

And now what is very interesting. Maybe I can just deviate from the topic a little… I'm the only volunteer of colour here and the clients that come are mainly white. And they tend to want to apologies because of mainly the perpetrators are black perpetrators, you know. Maybe that is a bit of an obstacle in the center, they keep wanting to apologise [smiling and thinking]…yet, nobody should have the right to do that. And *ja*, that was very interesting. But they are very angry and they feel almost like they are helplessness. There is now way they can turn to. I mean we all know that our offices of the law, the police [thinking]…it's almost that the clients say know how I feel in my anger, what ever…

You are not going to your family, because they are also having the same problems. It is almost like, you know, it's no use going to the police and lay my charge and wait and hopefully they respond… [Thinking]…probably not. But I think just to get an ear, a neutral ear, not someone who is going to judge you and going to have their own opinions. It is important to listen. They have so much to say. But you see, when they come in, they are overloaded. In fact, you have to cope for them…cope for them to say stuff.

But it doesn't take long before they start speaking and you know…angrily. If someone could just hear, because probably something changes when they speak to people, you know, and they feel you are overacting or ever. I mean the people here at the center are neutral. We don't want to know your history. We will listen to you respectably, you know. And that's what they come here for.

But the few people who have been here, as far as criminal victims, they get angry and the anger speaks most of the time. The anger always comes through. They come in very highly traumatized. You can always see the difference when the leave. And that for me, is important, you know...

H: When you work with these clients, what do you do?

A: I mean, first, you are going to listen. You can't just jump in there, because every case is so different. I think it's listening what they have to say. I mean depending,

if it is a domestic problem, you know, you're going to listen. Because I can say, a lot of the time it is about listening. These people have so much to say. Obviously they haven't their own space to do that. Sometimes they feel angry at the police, because the police are taking too long. Maybe you just got to help them put things in perspective, because the law takes its time and before they got it done.

So from that point of view, with the training that we are giving, it's not highly complex training we are being given, it's more things that relate to the center directly. So like, if it's a domestic violence problem and the person needs to know where to from here, you will advice him with the options they have, tell them about protection order. There are many people who don't even know about such things. And then, usually, they don't take you up on that offer immediately, obviously not at the first visit, you see, the first time they have been to the center. It obviously gives a lot to think about…but usually they do come back.

A lot of them do come back. And here I think, you got to look at each case depending on the nature of the incident. Is it a loss? Is it a violent crime? You know, there are times that people come here…(thinking}…they know there are places like Alcoholics Anonymous and AA , but it's almost like they don't know how to access it, or they do, but it's just to make that one little step. And I think it's just telling them 'look I'm going to pick up the phone and I'm going to phone someone.' You give him a name. And actually they are reacting because this is something more direct, than looking in the Yellow Pages and accessing information from themselves. Somehow with our intervention, it makes it more personal, more direct, more almost like, there someone out there that's waiting for me and that's going to help me.

H: Someone to acknowledge their feelings?

A: Yes! Someone who can actually listen and give me a number and this is a contact person and a number and I am going to see them. But they have access to the same information from a telephone directory. But it's different because these people are here. They just need to go this further step. They always have to be convinced…they live in denial.

They come here looking at the volunteers here as people who can solve all their problems. I think that's the impression I also get. OK, you don't have to tell them that is not so, but I think, just by the fact that we are able to think clearly. You know, you come with the problem; you are not going to be able to think clearly. You just have to put things in nice cones to make the client feel, you know, it's not so impossible to achieve, just if you can just made the… under the circumstances you do these things yourself, but you know there's someone that's going to help you, go the route with you, kind of thing. I think that helps them.

H: It sounds to me like a needs driven approach. You focus on the needs of the client and then apply some structure…would that be a correct assumption?

A: Ja, but personally I feel people don't come here if there isn't any need in their life. They come here for a reason. I mean, you know the scenario here at the police station. Its right here, but the police don't access us. It's almost like, I mean for one thing, I mean, getting counseling, psychologically driven counseling. The society is still not, maybe we are moving towards that direction now, but in many aspects, in many communities we still not accept this thing, you know.

So, they are going to make that initial decision to come to the Center. You will be really a big step in for them. You know, so obviously, their need was there to come and they don't want to be sitting with someone that's going to be so judging. They want someone to empathise with them more than anything else. To say, that I haven't mess up my time to come here. I want to go back feeling that I spoke to someone and they actually listened. Maybe they gave me any good options or direction, what ever, I feel someone listen to me today.

H: You feel clients require someone to **just** listen to them?

A: Because that, OK, my experience here is very limited, in the sense that my shift is a very quiet time, except for a few times that it was busy. People I have seen, I mean, they have so much to say.

This one client he had so much to say and he was a very hyperactive person and obviously his family wouldn't give him the time to speak…but having said that, I have listened to him so long, I will still have to indicate that maybe you know, it will also be better for him to maybe understand why they switch off eventually and of cause he needed to go for professional help…[thinking]…which he acknowledged. But I think he just needed to know where to go. He wasn't going to go for psychological help and counselling just on his own. But I think after he came to the center and he came for about two or three sessions he realised that the professionals know how to help him on his way to recovery. That was what he needed: someone professional to deal with and he said he appreciated that and he did go.

So in my experience it's mainly people that have a need to talk. Whether it was a violent armed robbery or anything, they needed to speak about their anger. They apologise for why they were angry…like they say, if it wasn't me, they needed not to apologise. But they wanted keep on apologizing. I have to assured them, there's no need to apologize… [Smiling].

H: I think what I am getting from you is that the clients who come to the SCC, needs the SCC to pass a threshold in their lives?

A: O definitely, in my experience at least, because they can say in many aspects we need to be taken to a point, to someone who can help them.

I never think it's just by accident that they drive to the center, surely not. It's either they've here before or they heard of the center or read about it in the paper. They think about it. Also what is in the center, the fact that you don't pay for it. But yes, I think its something they think about before coming and once they come here, its almost like, they will take the small step

It's not just small problems that we see here. People need to be 'notched' you know. So I think this is part of being able to come here. I think it can make a difference in the life of most clients that came here.

H: Tell me, what impact does delivering crisis intervention services have on you?

A: Let me see…[thinking]…you have to be sure you want to do this…for me it's about learning…I'm still searching for that which I want to do, that will give me a spiritual satisfaction as well. Something that I know, is that I'm making a difference in the world.

I saw this article a few years ago in the Record. I never acted on it. Then finally, some time ago I came so far. I think now, that it makes a huge difference in my life. Our society is almost like, changing overnight. We are becoming dysfunctional every day…[smiling]…I honestly believe.

The fabric of our society seems to be getting very thin at the moment. To know that maybe I made a difference in one persons life, to go home and just to calm them a little bit, it makes a huge impact on my life. I know when I was young, I wanted to rescue the world…but I know I can't save the whole world…but in the mean time, listen you one person you know…give them a little bit of hope, then you did something worth-while.

For me, I also want to get something out of the Center…every time I come here. And I mean, we all know, every time a person walks through these doors, it's not the same situation, you know. And you know that you be kind of healing someone, even a little bit. That for me, it's also going to help me making a decision of maybe, it is something I want to do on a more permanent basis. Make a decision whether I would like to do this on a more formal basis. So it's going to ultimately help my shape my position as well.

H: What is you impression of a typical SCC councellor?

A: Oh, I can only deal from the counsellors here and because we don't always interact with all of them. Definitely every counsellor I know is willing to give 100%. Definitely the ones that I know want to make a difference to somebody's life. You know, and a lot of our counsellors are also doing this kind of work from outside

the center as well. Maybe it was initiated by working at the center or maybe they work in a private capacity has brought them to the center, but obviously it has its part.

Obviously, the people that are here want to make a difference and are not selfish to share a few hours of their morning or even more…sometimes they are here more often. To give up their free time. But I think everyone that is here, want to make a difference in someone's life, you know. Because most of them, most of the counselors are volunteers here. I mean they have their own things that they do. They don't have to come in here, but they do and they do it willingly. And obviously, I mean, the fact that you get a lot of clients coming back to see certain volunteers, I think speaks for itself.

H: What do you got as the characteristics of an effective SCC counsellor?

A: I think to be empathetic without getting very emotionally involved with the person that you working with. I think that can happen very easily and I mean just from a few incidences I know of... People I know that work in this field and stuff…I mean their involvement emotionally after the professional session is over it can be very detrimental to both the client and yourself. I think it is of importance to create boundaries…keep that clearly apart. To be able to give something of yourself, you know, without making that client feel, you know, this is very clinical.. but at the same you have to be professional…

I think we have all been there, where you feel yourself in the trauma emotionally and then you hardly know where to go. You know because that person who's going now, speak in a certain way about a person who he's having problems with. You automatically have biases against that person, but you know, you need to keep yourself clearly objective.

H: Are you saying counsellors require well established boundaries?

A: O yes, I definitely don't think we are here not to make friends with the clients. I think that could be detrimental because, I mean, if you start getting to that level

and you start to exchange your telephone number and where do you draw the line. Can this person just call you whenever. I don't want to necessarily be called by people that I have seen in the past at the center or anywhere else.

I think it is important for that person as well. That person must be able to see me somewhere and feel safe that what he trusted me with is within the parameters of professionalism, you know, to an extent. But if we have a very casual relationship, if I see a person in the center, you know, I have to greet them, how professional is that?

I think you can be professional without being cold. I think you can give offer a service without having to become involved in a persons emotional and personal life. Emotionally you are there to maybe just to make them see things in a different light. Because they are so muddled up that maybe sometimes things don't see things as they are. So I think for me that professional distance is very important.

H: Will you say that the SCC training is sufficient to fulfill that help?

A: Look, as sufficient as the center can be. I don't think we can be prepared for everything that comes in here. Every case is so different. What the training does do, is, how can I say that? It prepares you for, in a sense, if someone comes in with domestic violence problems, do you know there is this thing called a protection order that you can talk about…a form that you can fill in.

So, those guidelines are important, you know. And in a suicide…what do you do? Is there something you can do like in A B C? You can follow those guidelines. Something is that you just got to go with what comes from the client. You pick it up from what the client is saying…you take it further.

Now, what I told you earlier, I am not that experienced, but you can say 'okay, if it's domestic violence, this is what you could look out for…suicide…what ever.' But I don't think it's so fair to expect you to be prepared for every, every scenario,

because it's going to be different. So I think it's useful. I'm sure our training will either get more intense as time goes by.

But I mean, there's always new information coming through and Dr. Pixie is very willing to share, and that is very important. And I don't believe anybody here has been stopped from asking any questions or guidance or ever. So, in that sense, the people that work here can only grow in themselves and I think if you fear, you know, coping or for what ever the reason is, because you maybe are inexperienced, it's normal.

I think here are more than enough people who are willing to share what they would have done in certain cases. And also what I have learned from those readings from the reports and how different people's approaches are. Because I don't believe I will ever get to deal with some of those cases…but it is interesting to see how other people's approaches are by reading those reports. So to get back to your question, I think it's adequate for now. I don't believe it can possibly go beyond because, I mean, you get volunteers here from different backgrounds, you know. Some they have got professional psychological background, some that have just come from being home…or what ever so. She's got to also establish her training according to anybody that's here. So I think it's adequate with under those circumstances.

H: So on one hand we have black and white areas where you can follow guidelines such as A B C D…but there is also a lot of gray area where it is not as simple as A B C D?

A: Yes, that's true…you got to search a little bit to see how to proceed. A lot of information comes from the clients themselves, you know. If you listening vividly, I mean, they are going to…without realizing, they often guide themselves. They are actually giving themselves the answers; they say things that you would have told them in the first place. But they just need that confirmation. I think they are in a state where they can't quite make out things. It is just easier when someone has to put it in perspective for you, even though you could probably get it out

yourself, you know. So I think in those cases, a lot of the time, the client leads you to what you are going to do next.

H: If I can just link this; tell me if I am wrong. But will that be a characteristic of an effective counselor as well? Not trying to control the whole counselling session, but allowing the client to take the lead. Lending an empathic ear and also making it explicit that it is their, the clients', responsibility to work through the crisis?

A: O, very importantly so, because ultimately…no one can make you want to change, you know. I think with anything in life it's about choices. You make a choice. Whether we equipped you or not, we all in the position at some point, I believe, we are going to make the choices. And yes I do believe that you got to keep reassuring the people that help is there, but it is up to them to make the choices.

But also something I struggle with is one client that keeps on talking and talking…for three hours…I think I let him control the whole thing. I couldn't stop him. Eventually the time was running out and then I had to say, you know, someone else is coming in and we may have to leave this for another session. But I think we also set some guidelines down. Some people that are coming in, they just and talk…you have to wonder 'who's the last person he's talked to, because there is so much on their head.'

But yes, I think ultimately it must be made clear that the session is for providing…seeking help has to lie with the client. Depending on whether you are dealing with a child or adult who can make that decision.

H: You facilitate the session?

A: Yes, I think so…but I think, just to lay their fears to rest…you should ask questions and then explore from there.

H: What do you regard as the SCC's strengths?

A: I think the fact that there is a SCC…it's doors are open to anybody with multitude problems and I think, it slowly dawns on the greater community and just from the kind of people that come in here. Obviously they feel unthreatened or they feel they can speak their minds in an environment where their feelings are taken in consideration. Even if you can't stop it, we can deal with you, we can give you a telephone number or some advice. It goes by the motto that our doors are open permanently and it's filtering down to the community level. Just, I mean, judging from the numbers of people that we have seen.

H: It's a safe place?

A: Well, it's a place where people could come and share stuff…almost anything. Stuff that they don't want to share with someone close to them. You know, and know that it's confidential. I think, the strengths of the center is mainly the professional manner in which it conducts itself, as ethics as much as the ethics are not something that has been expressed to the counsellors but it's almost an unwritten rule.

H: Tell me more about the ethics…

A: You don't go and divulge that which has been told to you to anybody out there, because I think that people should feel they can come and they can trust that what they say in confidence is kept as such…hat is probably the SCC's biggest strength.

I think in that sense it is a bit of a problem, no ones going to want to come if they know, that what they say in the utmost confidence is going to be divulged. No one wants that. There's even stuff that the police need not know that is said at the center. The people, they know, if I go to the center, I know what I say is keeping from the police. And it will only be divulged with my consent.

H: What do you regard as the SCC's weaknesses?

A: Maybe that our powers are very limited. You know, you can only do so much, no more. It's limited. You know in the sense that I mean here are people with limited training here. But I mean, in that sense probably it has is a weakness, because we aren't able to, you know; assist everybody with all they will need. There are some complex issues out there and I mean you come here maybe we can help a bit…but then ultimately they are going to need a lot more.

Maybe if you ask me the same question in two years time I would be able to answer you. The weaknesses right now, I can't think of any that just jump out of me.

H: Regarding the SCC, what is positive and needs to be accelerated?

A: The fact that the center is out here and we know, there is a great need out there and then the fact that the kind of cases, a number of cases we get…it doesn't really reflect what's happening out there in there society. So, you know, the need to let people know there is help, you know. It may not always be help your need, but it is a start.

And that people need to access the center more, because for other centers to become up and running, I mean, you have one here and we are very busy, especially with certain cases. So, probably a bit more publicity, I will think, you know. And the emphasis that, you know, people are treated here confidentiality or we can refer them.

H: What is not working and needs to be changed?

A: [Smiling]…maybe to attract more people of colour, I mean, I most of feel that there is a block when it comes to interacting with people. I mean, culturally we are different and perhaps in Pretoria more than other parts of the country.

Then also the language barrier could be keep potential volunteers away. Although it is bilingual, but I think still, dominantly there is the Afrikaans aspect that comes into it. And also, from the point of view, in dealing with clients, I think,

to be more effective if we had more languages been spoken, because as dr Pixie is said, you can only really express yourself in your own language. And that is what's lacking.

Also, I don't know if you can blame the center for that because, you know these are the people who work here. Volunteering in some communities is non-existent…its something that comes from your history comes from, you know, bring something from nothing.

So maybe, I think, involvement of more people of color will benefit the center, but because, as much as in the beginning I never really saw many people of color coming to the center. In the reports I have read, a lot more black people had come to the center for help, which is encouraging. I mean, the numbers that we see in our stats here is not really in proportion with the problems in the black population. There are terrible problems there. So, maybe that, maybe they just feel it's not a center that is accessible for them, maybe for the language point of view or, because you know.

Even the title is the Sinoville Crisis Center en die Krisissentrum. But I think it is also an educational block because I think people who do have access to newspapers and the radio and stuff, do know about the center. Maybe that will be interesting to change that a little bit. But then I think you would be definitely dealing with a big portion of the community. We know there are problems, but it is problems in the white community in a specific area. We haven't even begun to touch the problems of the other races, maybe, you know. But like I say, I don't think it's the Sinoville Crisis Center. I think its intention, I mean this was something that someone started for the Sinoville community.

So there is criticism and of course people need to talk about it to know that there's a shortcoming, perhaps. And *ja*, I think it will change. I think more people of colour are coming to the center and they know about it, you know. So that's encouraging. Maybe more publicity or that. But also, how do you make people want to become involve in here, how do you make a black person want to come involve in here. I know, there have been many enquiries that show interest in the

courses for the next term, the next session. But whether the people come, is another thing. There are many black people that should actually strengthen this center's, how can I say, reach. But I don't know, they will come, they don't ask, but they will make themselves available. I think that will make our reach a lot more effective.

H: Any final thoughts.

A: Final thoughts! I'm hoping after… I have all the intention of staying as long as I can at the center, but they need to help me make my final decision to whether that is something I can do…get involved on a more professional basis, or as a non-professional. I want to do this more, you know, I mean, like I said, every community has a need for a center like this. Perhaps you just get a bit more professional tuition. Because, I mean, our training here is quite limited for the kind of work we do, but I think, just maybe to get a bit more formal training. So hopefully it makes me clear of that, it should.

H: Thank you for your valuable contributions.

A: Pleasure, thank you.

Interview 2

H: Goiemore _____. Dankie vir jou bereidwilligheid om deel te vorm van hierdie navorsingsprojek. Ek het verneem dat jy deur die uitnodigingsbrief gelees het en dat jy die reelings aanvaarbaar vind. Voorts is dit vir my belangrik om te noem dat alles wat jy vandag sê anoniem hanteer word. Ook as daar enige vra is wat jy wil oorslaan, sê gerus so. Indien jy wil oorgaan na 'n volgende vraag of later weer terug kom na 'n vragie toe is dit reg of selfs aan die einde van ons gesprek, as daar iets is wat jy wil skrap, is jy weer as welkom om dit te doen. Ek is nie vandag hier om te oordeel of jy reg of verkeerd is nie, want daar is geen reg of verkeerde antwoorde nie.Die studie is eksplorerend van aard m.a.w. ek wil uitvind wat jy in die praktyk geleer.

A: Okay

H: Jy is nou al vir 'n klompie jare betrokke by die SKS en in my gedagtes weet ek jy het 'n groot bydrae om te lewer of 'n storie om te vertel rondom dit wat jy geleer het. Na gelang van die ervaringe wat is die indrukke wat jy van die SKS het?

A: Okay, ek kan miskien so begin om te sê dat my agtergrond waaruit ek kom is die waar ek in die gevangenis gewerk het en baie pastorale werk gedoen het. Baie mense met hulle krisisse en hulle probleme na my toe gekom het en ek het begin om te spesialiseer om mense wat in nood is, te help so ek het, dis waar my voorliefde vandaan kom. En as gevolg van dit en ook die opleiding wat ek gehad het om myself so goed soos moontlik te ontwikkel. Jy weet om die vaardigheid te hê om die goed te doen het die berading wat ek by die krisis sentrum kry, het baie goed ingepas. Iets wat ek kan goed doen, wat vir my lekker is om te doen en daardeur ander mense te help. En 'n boompie iewerste te plant vir daai waardering.

H: Mmm...vertel van daai boompie wat jy geplant het.

A: Ja, ja jy moet self gemotiveerd wees om dit te kan doen.

H: Nog iets omtrent jou ervaringe? Vertel my meer...

A: Dan oor die krisis sentrum. Ek dink ons is bevooreg om hierdie krisissentrum van hierdie formaat en struktuur te hê in Pretoria. Ander plekke verskeie mense al probeer om dit tot stand te bring. Maar dit het nie baie lank gefunksioneer nie. En omdat hierdie eintlik ‘n pionier se werk is of ‘n baanbrekerswerk is wat gedoen is. Ek dink dit verdien die nodige aandag.

Dit is ‘n informele ondersteuningstelsel in die gemeenskap is wat dadelik beskikbaar is omdat ander mense se werk te lank, of is besig is, met ander dinge. Mense soos die polisie en die ander mense wat help, probeer om dit te doen, het nie altyd die tyd om dit te doen nie. So in die gemeenskap is daar ‘n baie groot behoefte aan hierdie soort van support of ondersteuning van hierdie gemeenskap en ek dink hierdie krisis sentrum het baie goed daarin geslaag.

H: Wat beskou jy dan as die SKS se sterk punte?

A: Die sterk punte sou ek sê het dat dit ‘n organisasie is wat bestaan uit vrywillige werkers, mense soos maatskaplike werkers, sielkundiges, predikante, mense wat kriminologie het en mense wat op een of ander manier ‘n opleiding gehad het om mense in die gemeenskap by te staan en te help. En dat jy hierdie mense onmiddellik beskikbaar het op ‘n 24 uur basis, om indien daar enige probleme van watter aard ook al is, dat jy, dat die krisis sentrum onmiddellik daar kan beantwoord dat die krisis kan ontlont onmiddellik met die grootste behoeftes. Daai persoon wat daai emosionele verwarring beleef en krisis weet nie waarheen om te gaan of wat om te doen nie. Daar is nie altyd ‘n dominee beskikbaar of ‘n sielkundige se programme is vol en kan eers oor ‘n week of so of drie dae afspraak terwyl dit onmiddellik sy behoefte moet aangespreek word. So ek dink daarom voldoen die krisis sentrum, want daar is nou mense wat kundig en vaardig is wat mense kan help om net oor die ergste te kom.

‘n Ander baie goed en strek punt is dat hulle onmiddellik die kundigheid om mense te verwys na die regte persoon om dit op te volg. En nog miskien ‘n ander sterk punt van die krisis sentrum, dit is ook dat mense baie nou in ‘n span verband saamwerk deurdat dit verskillende mense uit verskillende beroepe is met verskillende agtergronde wat dan byvoorbeeld elkeen hulle tekens vir hulle insit. Ek dink dis ook vir my ‘n sterk punt. So om op te som, ek sou sê die krisis sentrum vervul ‘n baie belangrike taak in die gemeenskap in. Ek dink dis baie noodsaaklik. Daar is ‘n groot behoefte daaraan. Daar is nie nog ‘n ander organisasie op die oomblik in ons gemeenskap wat dit so goed en doeltreffend en onmiddellik hanteer nie so by hierdie krisis sentrum nie.

H: Wat sou jy sê is die groot suksesse van die SKS?

A: Die sukses daarin is dat daar baie ander mense in ander dorpe en oor die land kom navrae doen toe hulle gehoor het; wat Pixie se krisissentrum doen in Pretoria - dit is al klaar ‘n baie goeie aanduiding dat daar elders ook so behoefte is. Oor ons hele land is daar ‘n behoefte, maar hulle nie weet nie presies hoe die struktuur moet wees en hoe dit moet funksioneer en watter opleiding daaraan verbonde is nie. Pixie het op ‘n baie goeie manier dit op ‘n vaste grondslag mense gekry deur die mense te train, of hoe kan mens sê, deur hulle op te lei, en dat ons deur heeltyd vergaderinge het en terugvoer kry sodat ons werk op die probleme wat aangespreek kan word en dat ons altyd verbeter kan word. En dit is een van die suksesse waarom hierdie projek geslaag is.

Iets anders is dat die media en die advertensie wat gegee is aan die projek en ook baie belangrik is om ander mense daarop attent te maak dat as hulle byvoorbeeld sê nou maar gehijack word of hulle soek iemand, ‘n kind wil selfmoord of dalk op dwelms is of iemand verkrag word dat hulle weet dat daar so toevlugsoord is wat ‘n goeie naam het, wat ‘n goeie morele basis is en wat mense kan help. Sodat as die mense in daai omstandighede kom, dat hulle onmiddellik weet waarheen hulle mag gaan. Ek dink dis ook die sukses, die media, die advertensie bekend maak van die krisis sentrum.

H: Die SKS se missie stelling sê die volgende: Om ‘n gemeenskaps gebaseerde emosionele ondersteuningsdiens van slagoffers van misdaad, ongelukke en krisisse te verskaf. Nou sou jy sê, as jy daai missie stelling as kriteria gebruik, sal jy die SKS as suksevol evalueer?

A: Wel, sukses bestaan daarin dat ‘n mens nooit ‘n 100 persent ons teiken gaan bereik nie, maar as ek dit nou op ‘n skaak van een tot tien so sit sou ek sê dat die krisis sentrum maklik ‘n 7 so behaal, want die behoefte wat in die gemeenskap is teen die krisis of die ongeluk of die probleem wat kom, is daar onmiddellik mense wat paraat is, mense wat onmiddellik kan in beweeg en wat die situasie kan ontlont en daar is nie die polisie en die gemeenskap is nie in die eerste plek toegerus daarvoor nie.

H: Gestel die SKS mik na 10 uit 10. Wat kort en moet geinisieer word om daai verderde 3 uit 10 punte te kry?

A: Ek dink wat ek aangevoel het ook in die werk en dit is nie nou negatief nie, dit is positief...dat ‘n mense miskien sal kyk in die toekoms daarna dat ‘n mense nie net ‘n situasie gaan kry en dink die leemte bestaan op die oomblik dat ‘n persoon na jou toe kom met sy krisisse met die hoop in sy verwarring en magteloosheid en dat jy hom dan ontlont en maklik maak om die krisis vir hom help hanteer nie, maar daai persoon het dat die behoefte, want hy ken jou en hy het na jou toe gekom dat jy hom een of twee of drie keer sal opvolg, want hy wil nie weer na ‘n volgende persoon toe gaan wat hy nie ken nie. Nou is dit so, op die oomblik dat ons die persone verwys na ander instansies, waar hulle wel terapeutiese, maar dit dui oorgang van die krisissentrum en die hulp wat hulle verleen na die volgende stap om daai mense terapeuties te help, want ‘n mens gaan nie net deur ‘n krisis deur een onderhoud van ‘n uur so gehelp word dat sy probleem onmiddellik daar opgelos. Daar lê vir my ‘n bietjie meer verfyning of ‘n bietjie beter dat ‘n mens dieper dink, miskien daai probleem beter aan te spreek. Ons het mense hier gehad in ons gemeenskap wat die prokereur geskiet het, en sy kinders was teenwoordig gewees en sy vrou en toe het hulle kom en gesê goed, hulle wil krisis sentrum toe gaan. Maar hulle was so blootgestel aan die trauma van die omstandighede dat hulle kom sê het hulle wil nie rondval en dan eerste

as die een na die krisissentrum toe te gaan en dan na ‘n sielkundige toe te gaan en dan na ‘n dokter toe te gaan en dan na ‘n volgende persoon toe te gaan en rond te swerf. Hulle wil onmiddellik opgeneem word met ‘n persoon wat die vaardigheid het om daai byvoorbeeld die kinders te neem vir sê nou maar vir 4 of 5 sessies na een persoon, nie na klomp persone wat die persoon voel hy, hierdie persoon het my vertroue gekry en dan kom ek by ‘n volgende een , die ander persoon is miskien besig en hy daai opvolg is nie altyd so bevredigend soos wat, dis nie die krisis sentrum se skuld nie, maar ek sou dink dat ons miskien sou meer aandag aan die krisis sal gee.

H: Klink vir my asof jy praat van dieper of meervoudige behoeftes. Aanvanklik uit die krisis het die klient ‘n behoefte om met iemand te praat en nou voel die SKS ondersteuner hy of sy het nie die nodige vaardighede om die persoon by te staan nie. Gevolglik word die klient verwys, maar self in daai verwysing het is daar ‘n behoefte aan ‘n *gladde* oorgang?

A: Daar is reeds ‘n vertrouens verhouding op gebou en as ‘n mens byvoorbeeld sê die krisis sentrum het alreeds persone gehad wat sê nou maar goed is met kinders, wat goed is met selfbeeld, of wat miskien ‘n pastoraal vir mense wat uit die krisis sentrum, mense wat reeds opgelei is in die krisis sentrum dalk in daai oorgang beter te doen...sodat hulle vanuit die krisis terapeuties behandel kan word. Daar moet ook die nasorg wees. Daar is nie vir my, daar’s vir my ‘n leemte tussen die versorging van die oomblik van die krisis maar nasorg is iets wat ‘n mens aan.....

H: Die diens uitgebrei kan word?

A: Ja dat dit, ons doen dit maklik deur ‘n verwysing dan in die eerste plek ons volg dit nie op nie want ons weet nie wat gebeur het nie. Ons weet nie of daai persoon, of dit effektief was.

H: Iets wat my nou byval wat jy sê, jy het vroeër gepraat van die vrywilligers of van die ondersteuners wat so ‘n belangrike rol vervul in die sukses van die SKS. Klink nou asof jy vir my sê die SKS moet hier infokus op die spesialiteite van

elkeen van die ondersteuners? Die ondersteuners is ‘n faktor wat die SKS gebring waar sy is vandag, maar dis iets wat ek nog verder kan vat.

A: Ek dink dis miskien ook n pluspunt van die krisis sentrum was dat dokter Pixie vooraf die mense wat belangstel om te werk, hulle baie goed keur en dit is maar so in enige besigheid van enige sakewêreld om enige, want mens wil graag die regte persoon in te bring, in plek en as ‘n mens die verkeerde persoon het in die verkeerde plek dan gaan dit baie meer negatiewe nagevolge. Ek dink die feit dat Pixie die mense bring vir ‘n onderhoud en hulle ook neem vir opleiding waarin sy dan in daai opleiding sessies jy weet kan observeer, jy weet, wie om waar te gaan wees, wie ruskant gaan wees. Dit is ook een van die pluspunte van die krisis sentrum om daardie, jy weet, graag kundige en vaardige mense te hê en mense wat regtig omgee vir iemand anderste en wat bereid is om hulle tyd en hulle talente weer te gee om ander mense weer te help.

H: Die regte persoon in die regte posisie?

A: En as ‘n mens dit kan reg kry, dit geld vir al die terreine van die samelewing. As jy die regte persoon daar kan hê, gaan dit jou promoveer. As jy die verkeerde persoon of die persoon wat nie ‘withit’ is nie, dan, maar dit sorteer hulle self uit.

H: Sal jy sê daar is ander rolspelers wat n rol speel in die genesingsproses van ons kliënte?

A: Ja, daar is ander mense wat ‘n rol speel, byvoorbeeld die ouers en die kinders en die familie en die vriende. Ek het in die paar gevalle wat ek hanteer het, het ek dikwels dit gekry dat sê nou maar ‘n oupa en 'n ouma wat besorg is oor hulle kinders wat werk, maar die kleinkinders wat onversorg by die huis is, wat hulle het die hele gesin bymekaar maak en kom so ek dink die familie ‘n baie groot rol kan speel en baie ouers byvoorbeeld met die dwelmsituasie met die kinders wat by die skool eksperimenteer en die tipe van goed. Waar die ouers kom en sê daar is iets verkeerd met die kind. My kind vorder nie. Ek sien daar’s iets groots verkeerd. So dit wys vir ons dat die familie is ‘n baie belangrike steunstelsel om mense wat in ‘n krisis is by te staan, want as iemand byvoorbeeld nie plek het

om te slaap nie of jy weet aangerand word of uit die huis uitgegooi word en hy't nie plek om te slaap in die nag nie, was daar altyd 'n familielid waarheen die persoon kan kom of hy kan kom, as hy nie familie naby het nie hy uitgeplaas kan word na 'n tehuis vir beskerming of vir tydelike oorbrugging situasie.

Ander rolspelers sal ek dink is byvoorbeeld die kerk. Ons, ek dink ons onderskat die kerk vandag in ons gemeenskap...die baie groot rol wat die kerk kan speel in die gemeenskap, wat ook in ons land van .....die kerk kan gebruik maak van bekwame lidmate om hierdie werk te kan doen.

Veral as ons kyk na die nuwe Suid-Afrika...polities en alles wat verkeerd gaan... lyk vir ons die prentjie word al hoe donkerder en donkerder...die kerk moet miskien besef dat hy 'n baie groter rol het om te speel, dat hy eintlik die lig is in die duister is en dat die kerk ook moet begin uitreik na die mense wat honger is, die mense wat vigs het, die mense wat veral deur misdaad, roof en daai dinge. Die mense het in elke wyk wat die kerk funksioneer het, het ons in ons gemeente van die kerk, so daai mense wat rondom daai persoon bly funksioneer soos 'n fabriek, as iemand siek is, dan gaan daai wyk en gaan besoek die persoon. Bring vir hom sop. As iemand in die hospitaal is, besoek hulle hom en as iemand getraumatiseer is of daar byvoorbeeld 'n roof plaasgevind het dan gaan die mense en ondersteun die mense wat in die trauma is. So, ek bedink die kerk is eintlik n sluimerende wese in ons land wat baie baie meer kan doen en baie effektiewe werk kan doen, deur hulle samestelling struktuur, deur die mannekrag wat deur die gesindheid wat hulle uitlewe, so dat 'n mens ook baie dikwels ook kan vraag ek ook vir die mense vir die interresantheidsonthalwe hoekom, in watter kerk behoort jy? En dan sal die persoon sê aan hierdie of hierdie kerk en dan sal ek ook die dominee bel en vir hom sê, wil hy nie graag die persoon kom besoek nie? Dit en dit het gebeur en na die tyd dat die persoon terugkom en se weet jy hoe het ek dit waardeer. So daar is baie ander dinge wat die gemeente bied.

Die skool...byvoorbeeld onderwysers het al 'n kind gebring het wat hulle in 'n klas geobserveer het en gesien het hier is 'n probleem by die huis...so die kinders

gebring na die sentrum toe dat die ouers heeldag werk en nie eers bewus is dat die kind het ‘n probleem nie.

So daar’s die skool, daar’s die kerk, daar’s die polisie, maatskaplike werkers, elkeen het hulle eie gespesialiseerde terrein. Maar almal van hulle kan ingespan word, om die persoon wat in die krisis sentrum beland, om hom by te staan.

H: So dit is ‘n span wat rondom die slagoffer vorm?

A: Want as jy in ‘n krisis kom en ‘n baie groot probleem het, is jou kop besig om te draai, kom in daai spiraal wat nie gebreek kan word nie en jy dink daar kan niks aan jou gedoen word nie. Dis nou klaar met jou, dan het mense verskillende en goeie ondersteuners netwerke nodig. Mens sal altyd voel dat kinders wat in ‘n goeie huis grootgeword het, wat goeie kerk verhoudinge het, goed doen by die skool, baie gou herstel, as een wat al daai bande gebreek het en baie keer sommer voortdryf wat uiteindelik ‘n boemelaar word en so.

H: Sal dit sal positief wees vir die SKS om te netwerk met ander rolspelers?

A: Ja dit is belangrik, omdat jy nie op daai oomblik alles kan doen vir ander persone wat met genesing van die persoon, elkeen ‘n deel bydrae om daai persoon weer heel te maak.

Ek dink ook een van die, as ‘n mens kan sê vereistes...groot vereistes van iemand wat by die krisis sentrum werk, is om baie goed te kan luister en baie fyn te luister en baie goed te observeer. Die persoon geleentheid gee om te praat en vir hom te sê hoe voel jy. Laat die persoon dat kan sien, wat is die groot probleme wat na die oppervlakte toe kom. Laat ‘n mens dan die persoon gemaklik maak. Die persoon ontlont. Die persoon die geleentheid gee om te sê wat het gebeur. Om rustig te word en dan kan die mens een van hierdie probleem fokuspunte kan ‘n mens miskien net aanspoor of die persoon verwys na iemand wat daai probleem fokuspunt, die beste kan oplos. Maar dan moet ons, weereens, ons moet dit opvolg. En ons moet kontak behou met die persoon wat van die persoon af kom. Nee, want baie mense het al gekom by die krisis

sentrum en dan was hulle en dan was hulle eenkeer daar en dan wonder ek wat het nou gebeur. Het die dominee hulle nou gaan besoek of die maatskaplike werker gevorder met hulle, is die probleem nou opgelos. So ek dink ‘n mens moet net daai entjie verder gaan. Ek bedoel, as die dokter ‘n operasie gedoen het, gaan doen hy nie net operasie nie, daar is ook nasorg en dan kyk eers of die ou heeltemal op sy eie kan funksioneer voor jy hom los en onthou ons is nie gerat, so by die krisis sentrum nie, want dis ook nie die taak seker van die krisis sentrum nie.

H: So as ek reg verstaan, om die klient te ondersteun, om die wond te genees en dan op te volg of die wond wel genees het?

A: Ja

H: As opvolg wat jy nou net genoem het, wat is jou indrukke van ‘n tipiese SKS ondersteuner?

A: Ek sou sê, dis mense in die eerste plek wat lojaal is. Mense wat bereid is om hulle tyd op te offer. Wat bereid is om hulle talente te gee. Iemand wat ‘n hart het vir iemand anderste. Ek dink dit is waar ‘n mens moet begin keur aan ‘n ondersteuner. En dan verder, moet mens ook ‘n ondersteuner kry, wat homself ook ontwikkel, homself ook groei in sy persoonlikheid, sy werk, en daarom dink ek diens opleiding voortgesette aan diens opleiding van die krisis sentrum baie belangrik is om punte wat jy voel wat jy kan verbeter, want as jy opgelei word, is daar sekere goed wat jy weet, sekere goed wat jy nie baie van seker, byvoorbeeld vir my, die ander goed was vir my maklik gewees, maar om vorm 2 en vorm 4 in te vul was vir my ‘n effort gewees, want ek het niks daarvan geweet nie, ek moes ‘n hele paar keer oefen om dit te doen en hulp te kry by ander, om uiteindelik dit te kan beantwoord.

H: Ons het nou gepraat van eienskappe van ‘n tipiese SKS ondersteuner. Wat sal jy sê onderskei die effektiewe ondersteuner van as ek dit nou so kan stel die minder effektiewe ondersteuner?

A: As ‘n mens sê effektiewe een, sou ek sê dis iemand wat goed kan luister, ons het dit reeds gesê. Dis iemand wat ‘n empatiese gevoel het, en dan sou ek sê dat iemand moet baie kan kommunikeer. Nie net deur dit wat hy sê nie maar ook sy liggaamshouding jy weet dat hy ontvanklik sal wees, dat hy bietjie vooroor gaan sit, dat hy belangstellend sal wees. Dat hy op die regte plek in die gesprek sal inkom en iets sal sê, en dat hy die persoon die geleentheid sal gee dat om sy hele probleem te stel.

Dit moet ook iemand wees wat insig het en jare lange se ondervinding, want toe ons opgelei is hoe om goeie gesprek te voer, goeie kommunikasie, dan het van die ouer mense altyd vir ons gesê na so onderhoud, as jy nou terug dink, wat het die persoon gesê, wat het jy geantwoord, en ek kon nooit verstaan hoekom hulle so daarop hammer nie, maar toe ek nou ouer word, en meer ondervind het, dit is die belangrike dinge wat ‘n mens het ‘n soort van ‘n sensitiwiteit ontwikkel om te sien wat die persoon se probleem is, en hoe jy dit vir hom kan uitwys dat dit ‘n probleem is en dat jy vir hom kan help in sy denke om vir hom te sê goed, ‘n paar alternatiewes te gee en te sê, dink net daaraan. As die persoon weg is van jou, dan dink hy daaroor. Dit kan hom baie help.

So dit hang af wat ‘n mens, wat ‘n persoon se uitgangspunt is, party luister maar net, party ontlont maar net, so mense moet mooi gaan kyk wat is die doelstelling van jou onderhoud wat jy het, en die krisis geleentheid, so jou missie bepaal jy weet watter insette en daarvolgens sal jy moet bepaal wat jou sukses is. Maar ek dink dit is ‘n voortdurende leerproses en ‘n groeiproses met elke onderhoud wat jy het, leer jy iets.

Maar jy het nog gevra wat onderskei die goeie een en die slegte een. Goed, negatief oor die slegte een is die een wat kort-kort tussen in praat...‘n mens moet die persoon in gedagte hou, want party mense is so getraumatiseer dat hulle enige ding wat in hulle kop is uit ‘n skok reaksie, jy weet, praat, so jy kan nie onderbreek nie...dis baie onsamehangend partykeer en dat ‘n mens...die belangrikste is op daai punt dat jy die persoon in sy hele mens wees, in sy groot trauma, doen wat die regte, dat jy die aanvoeling kry om die regte ding te doen, en dis net deur oefening en deur goeie skoling dat jy daar gaan kan kom.

So jy kan kry dat mense byvoorbeeld by die krisis sentrum kom wat graag wil help, maar wat nie die ervaring het, wat nog nie die experience het nie, of hoe kan ek sê die blootstelling al gehad het en uit die aard van die saak gaan hulle bydra wat hulle lewer nie so goed wees soos die persoon wat al jare ondervinding het oor wat daar gebeur het en weet wanneer om stil te bly en wanneer om te praat en op die ou eind vir die persoon te sê goed...ek kyk in jou oë, ek verstaan jou situasie maar ek moet net gou vir jou die een, twee of drie dinge sê en jy is baie welkom of weer terug te kom, want ek weet nie.

Met die krisis sentrum het ek ook ‘n gevoel dat mense kom net een keer en dis baie, ten spyte van uitnodiging van weer te kom of nie te kom nie so dit kan of wees, dat hulle nie daar gekry, het wat hulle verwag het nie of dat dit nie vir hulle soveel beteken of dat hulle voel maar, ag wat die krisissentrum is net soos die maatskaplike mense, jy weet, jy gaan na hulle toe maar eintlik kan hulle niks aan die saak doen nie. Ek voel baie sterk daaroor dat as ‘n persoon kom, dat ‘n mens eerlik kan kyk, hoe jy die persoon regtig kan help...regtig! Hoe kan jy hom regtig help en as jy hom...as jy aan maniere kan dink hoe om hom regtig te kan help voor hy daar uitgaan dan gaan jy jou bydra baie meer op ‘n hoër vlak van sukses wees.

H: Klink my dit gaan nie net oor insette lewer nie, dit gaan oor die regte insette lewer?

A: Ek sê die regte insette, maar daarvoor moet jy die agtergrond hê, jy moet die opvoeding hê, jy moet die persoonlike ontwikkeling hê, jy moet goed kan luister, jy moet weet wanneer om die regte vrae te vrae, jy moet die persoon geleentheid gee as jy met hom te doen het, dat jy binne vyf minute soos ons sê ‘n as, wat is daai woord, dat jy ‘n vertrouens verhouding dat hy sien maar dat hierdie ou wat hier sit, hy stel regtig belang, hy wil jou help, en jy hom kan vertrou.

So as ‘n persoon jou vertrou moet dit iets beteken...jy gaan na die mens toe en volgende keer weer terug kom, maar ek verstaan dit. Dis is tog onrealisties as ‘n ou agt keer of tien keer of ses keer terug kom...dan is daar iets anders fout.

Goed iets anders wat ek nou kan sê oor ‘n vraag wat jy my nie gevra het nie, hoekom die krisis sentrum so suksesvol is en so goeie diens lewer in die gemeenskap. Ek dink dis die ander aspek en dit is dat dit gratis is. As jy byvoorbeeld na ‘n dokter sal gaan of na ‘n sielkundige toe of na ‘n arbeidsterapeut of een van die mense, dan is daar eers ‘n waglys en die volgende ding is jy moet betaal. Nou ek beleef dit dat baie mense wat krisis sentrum toe gaan het nie die geld, hulle het nie eers partykeer ‘n ry ding nie, hulle het alles verloor in hulle lewe, hulle het nie eers ‘n huis of ‘n kamer om in te slaap nie of wat ook al nie of hulle is uitgewerp deur hulle familie, dit is vir die mense moeilik emosionele maar ook geestelike behoeftes, daarom het ek ook gesê die kerk kan ook daarin speel om daai mense miskien meer te versorg en dat hulle op hulle eie voete kan kom, maar een van die groot redes is dat die krisis sentrum is gratis.

Meeste mense wat eintlik terapeutiese behandeling of hulp nodig het, moet betaal daarvoor, hier hoef die mense nie, dit is ‘n gratis diens, maar dit is ‘n baie gespesialiseerde diens wat gratis aangebied word, en daar is nie nog behalwe die kerk miskien wat ander vrywillige organisasies..... Hierdie is ‘n georganiseerde situasie, wat nie geld vir ouens vra nie sodat enige een daar kan kom soos met sy omstandighede. Ek dink dit is ‘n baie sterk punt, wat baie ander ouens nie kan bereik nie, want hierdie mense is op ‘n punt van opgee.

H: Dit sluit nou baie mooi aan by die behoeftes van die kliënt, die persoon wat nie terapeutiese dienste kan bekostig nie. Vertel my jou indrukke rondom ‘n tipiese SKS kliënt?

A: ‘n Tipiese kliënt, ag, ek dink as ‘n mens nou mooi dink daaroor, dan kry jy ‘n groot verskeidenheid of ‘n variasie van kliënte. En weet jy, dit sou baie moeilik wees om te sê daar’s ‘n tipiese kliënt wat almal, ek dink omdat elke mens eintlik uniek is...‘n unieke persoonlikheid en dan nog onder die omstandighede, dat elkeen wat hier gaan kom uniek is... sonder om polities te raak, ‘n swart kliënt en ‘n kleurling kliënt en ‘n Chinese kliënt, en wit kliënte...daai persoon se kultuur, sy

omgewing en omstandighede waaruit hy kom...dat jy attent moet wees daarop, en dat jy dit moet respekteer.

So ek sal sê dat elke kliënt wat daar inkom, daar is nie vir my ‘n tipiese, miskien as mens nou sê tipies, kan mens nou sê iemand wat nou aan skok lui, wat nog verward is, wat deurmekaar is, wat hulp soek, wat emosioneel onstabiel is, dis die eerste indrukke, maar sodra die persoon begin praat, dan sien jy hierdie persoon het ‘n bepaalde persoonlikheid. Hy het ‘n bepaalde manier hoe hy sy probleme hanteer. Hierdie persoon het ‘n bepaalde verwagting, hoe jy sy probleem gaan aanspreek, en as jy dit nie aanspreek soos wat hy dit goed dink nie, dan kan jy sê dan stol hy net daar. So met ander woorde ek dink nie ‘n mens het ‘n tipiese kliënt nie, elkeen van hulle is anders, elkeen van hulle kom uit ‘n ander huis, het ‘n ander identiteit.

Die ouderdomme moet ‘n mens mee rekening hou. Dink nou maar ‘n kind moet mens anders hanteer. Jy moet hom ‘n speelding gee. Jy gaan op ‘n heel ander manier met hom kommunikeer soos byvoorbeeld jy met ‘n tiener sal kommunikeer of met ‘n volwasse of iemand wat oud is sal mens op ‘n ander manier hanteer. Iemand wat ‘n drank verslaafde is, iemand wat byvoorbeeld in ‘n skietongeluk gewees het gaan elkeen van hulle kyk jy sal moet gaan inklim waar daai persoon is om in sy skoene te gaan staan, soos ‘n goeie krisis sentrum ondersteuner. Goeie dinge, die vermoë wat hulle het om in daai ander persoon se skoene te gaan staan en te sê as ek in die hierdie omstandighede was, hoe sou ek dit aanvaar het vanuit daardie ervaring te kyk wat die beste vir die persoon is.

H: Klink vir my of jy sê daar is sekere universele reaksies wat kliënte toon, jy praat van skok en so aan, maar dat al daai reaksies op n unieke wyse na vore kom. Deur die persoon se..

A: Ja ‘n mens kan dit sê, definitief....ja.

H: En dat die goeie ondersteuners bereid is om in daai donker gat saam met die kliënt te gaan inklim en om werklik die regte insette te lewer en hom daaruit te help.

A: En daar te kom...ja...want as die persoon voel jy het hom verloor, dan is daai vertrouens atmosfeer wat jy aan die begin moet ophou weg...as jy dit nie aan die begin reg kry nie, dan is jou hele sessie as te ware verlore, so jy moet in die eerste vyf minute, moet jy kan ‘n goeie bond skep...wat noem ‘n ou dit, ‘n goeie situasie kan skep wat ontvanklik is en oop is en die persoon geleentheid gee, want in daai situasie moet jy hom geleentheid gee, want dis die eerste maal in jou lewe wat jy die persoon sien, moet jy hom geleentheid gee dat jy kan sien maar waar kom hy vandaan, wat is sy behoeftes, wat is nou die grootste moeilikheid is sy lewe en vir hom sê, maar jy verstaan dit.

H: Se jy die vetrouensband met die klient lê die fondasie te lê vir hierdie genesingsproses.

A: Ja, dis is baie belangrik.

H: Sê my, as jy nou daar sit en jy werk met ‘n kliënt, wat doen jy?

A: Goed, die eerste ding is ek sal die persoon groet en vriendelik wees teenoor die persoon. En sê kom in, kom sit hierso en vir die persoon vra is jy gemaklik en so aan. Dit hang maar af as die persoon ‘n krisis het en so aan en hy huil en so aan dan kan jy dit nou nie doen nie, so jy moet elke situasie op ‘n ander manier eintlik hanteer.

H: Bedoel jy persoon-gesentreerd?

A: Elke persoon kan jy anders hanteer en as die persoon kom, dan kan jy na die persoon kyk en vir die persoon sê maar wat is die probleem?, jy weet, waarmee kan ek help? En dan wat jy eenvoudig doen is, dat jy net luister en net nou en dan ja sê. Nie net doodstil sit en die persoon nou wonder, is jy nou by en so aan nie, wat jy baie keer ook doen is, dat as ‘n persoon iets gesê het, dan sê jy net

die laaste woord sê nou maar hy sê byvoorbeeld jy weet, ek was verskriklik ontsteld gewees, jy weet, toe my man die vuurwapen gegryp het en dan sê jy net dan, jy was verskriklik ontsteld gewees. Net die laaste sin, dan weet die persoon jy het gehoor wat hy sê en ingeneem en dan kan hy aangaan met die volgende ding, maar as jy net stilbly en jy kyk net vir hom of jy kyk weg van hom af dan, so die kommunikasie speel 'n baie goeie, 'n baie groot rol.

H: Wat sal jy sê is jou doelwitte as jy met 'n kliënt werk?

A: Weet jy, my hoogste doelwit is volgens die missie van die krisis sentrum om die persoon te ontlont, te hoor wat die persoon se krisis is, en dan vanuit die krisis die persoon te ondersteun. Ek sou sê dit is die basis. Dan kan 'n mens die persoon verwys na ander instansies of ander persone wat hom verder kan help.

H: Sou jy sê jy is suksesvol in die bereiking en nastrewe van daardie doelwitte?

A: Ja, wel partykeer is ek nie so suksesvol nie, maar ander kere voel ek, jy weet, ek kan sien dit wat ek gedoen het was sinvol en ook kan sien dit het die persoon gehelp. In sommige opsigte, mens kan nie, ek dink dis 'n bietjie voortvarend bedoel om te dink om al die mense in die lewe kan help. My ervaringe met die gevangenis is ook dat daar miskien net 'n klag is van die mens wat, met wie jy maar jy moet deursit met een van die dinge wat 'n vrywilliger moet doen, baie deursettingsvermoë hê as hy vandag nie misluk nie en miskien is hy môre suksesvol, maar hy doen in op daai oomblik dit wat hy kan doen, maar ek dink 'n mens ervaar in jou lewensondervindinge en jou uitgangspunt, die raamwerk, ek dink, dis die eenkant van die saak. Dit is baie moeilik om effektiwiteit of betekenisvolheid wetenskaplik te bepaal. Mense kan wel op 'n kwalitatiewe wyse, jy weet, byvoorbeeld intensief met jou vrae en antwoorde en so aan min of meer vasstel definitief, dit was in aanhalingstekens. Maar jy kan byvoorbeeld 'n gewone vrywilliger kry wat miskien uit 'n goeie huis, goeie opvoeding wat met sy voete, jy weet, in die wêreld instaan. Kan partykeer deur sy mooi gesindheid, die manier hoe hy optree, daai persoon in daai omstandighede benader en te ondersteun, kan partykeer meer effektief wees as 'n ou wat byvoorbeeld geen

geleerdheid het maar wat die gevoelswaarde of emosionele waarde of die situasie waarin die persoon is, te misbruik.

H: Watter inpak het die werk op jou?

A: Goed op my, dit kan ‘n positiewe en negatiewe inpak hê. Positief sou ek sê....die feit dat ek iets doen waarin ek goed opgelei is, wat vir my lekker is om te doen en omdat ek daarvan hou om met mense te werk en omdat ek baie fyn ingestel is op hulle reaksies, en op hulle nie-verbale, op hulle hoe kan ek sê hulle liggaamshouding en al die goeters...wat ek kan in ‘n kort tyd maklik kan sien wat is die probleem, of wat is die behoefte, die grootste behoefte wat daai persoon en dan die vermoë om in ‘n mooi en ‘n eenvoudige manier om daai spesifieke behoefte aan te spreek en vir die persoon daardeur intree.

Aan die ander kant, as ‘n mens ‘n vrywilliger is in die werk moet jy ook onthou dat die lewe is die altyd maanskyn en rose nie. Dit gaan nie elke dag goed nie. Daar gaan ook tye wat jy aan slegte goed blootgestel word, goeters wat jy hoor, goeters wat jy sien, as jy byvoorbeeld by ‘n selfmoord toneel was, daai goeters vergeet jy nie, jy onthou dit. Dit het ook ‘n impak op jou lewe en as jy nie ‘n persoon is wat innerlik baie sterk is en ‘n persoon wat al verskeie kere wat aan sulke goed blootgestel, dan gaan jy definitief self trauma hê, so ek dink ‘n mens moet maar ‘n gesonde balans hou.

Strike the balance in life...is dat jy weet daar is positiewe dinge en daar is ook negatiewe dinge, maar jy moet die balans hou en daar is ander maniere ook wat ‘n mens nie dit vir jou so sal verwoord, dat jy sê, goed daar is nie elke dag ‘n selfmoord nie, daar is net twintig ander gevalle wat ‘n mens positief kan ingaan en die balans kan hou en ek dink so, so omdat jy miskien een keer by ‘n motorongeluk was of ‘n selfmoord is, gaan jy dink dat dit elke keer gaan dit so wees, maar as jy voel dat jy self lui aan skok of dit nie kan verwerk nie dan is daar altyd ander mense waartoe jy kan gaan en praat wat jou kan help in tye van nood.

H: Klink vir my of jy sebaie dat die mens nie die trauma moet toelaat om te veralgemeen in jou lewe nie...balans handhaaf?

A: Ja, want daai ander mense kan dit nie doen nie, want ‘n mens leer ook wanneer jy met mense werk dat ‘n mens ook ‘n mate van afstand moet hou en as jy nie daai afstand het nie, dan benadeel jy jouself, maar dan moet daai afstand ook nie so wees of diens kan wees dat dit die persoon wegstoot nie, maar dit is baie moeilik om die balans, daai balans moet jy kan toepas, anderste gaan jy self moet, ondersteuning nodig hê.

H: Balans is vir jou baie belangrik?

A: Ja, ja nie net deur balans nie. Dit is deur byvoorbeeld ‘n gesonde leefwyse te hê dat ‘n mens byvoorbeeld aan sport deelneem, dat jy sorg dat jy byvoorbeeld ‘n lekker stokperdjie het, dat jy byvoorbeeld in jou gesinsverhoudinge en so aan gelukkig is, dat jy hoe kan ‘n mens sê, dat jy inhirente kern van iemand wat self siek is of wat self ‘n depressie het is baie moeilik om ‘n ander ou wat depressie het jy weet, te help so jy moet sorg dat hierdie werk, soos atlete, jy moet in ‘n mate fiks wees en aan oefening gewoond wees en gereed wees om hekkies te spring om darem tot by die wenpaal te kom. So ek dink ‘n mens het ook ‘n verantwoordelikheid daar, dat ‘n mens nie elke dag dieselfde dinge doen nie, maar dat ‘n mens ‘n bietjie variasie insit om dit te doen.

H: En dan op individuele vlak, hoe sal jy sê dra die SKS by of is dit wat hulle doen effektief op die impak van die trauma op die ondersteuners te hanteer? Byvoorbeeld hierdie opleiding, die supervisie, ens?

A: Ja, ek dink, dit is soos die ander trauma sentrums wat begin het en so aan, gee nie baie aandag daaraan nie, terwyl ek dink ook die sukses van die een is dat daar ‘n bietjie aandag aan gegee word deur die persoon of die persone uit te nooi om te kom praat... dink enige trauma of krisis of so gebeure sal ‘n impak op die mens he...maar op party persone gaan dit ‘n groter impak hê as op die ander persoon. Jy kry baie keer die persoon wat dit lyk asof dit niks aan hom doen nie,

wat baie hard is en so aan dat daai persoon eintlik later in sy lewe net so bietjie inkonk omdat hy gedink het hy kan dit baas raak. Hy het nie hulp nodig nie.

H: Jy praat van positief en negatief...wat dink jy van die stelling dat ‘n krisis gevaar en geleentheid verskaf?

A: Wel, ek dink krisis hou baie, baie geleentheid in, want jy kan die persoon wat daardeur nadelig beïnvloed is kan jy help...jy kan sy familie help...jy kan sy huisgesin help...jy kan hom weer op die regte pad help...jy kan sy wonde weer heel maak. So daar is baie geleenthede...daar is baie risiko’s in ons werk, maar daai is ook baie opportunities, so ek dink ons gebruik nie altyd al die opportunities, want ons sien nie altyd al die geleenthede wat ons het nie, maar dis ‘n saak van persoonlike ingesteldheid. Iemand wat byvoorbeeld by die krisis sentrum werk, wat die geleenthede kan raaksien en wat bietjie entrepreneur is, hy kan, hoe kan ‘n mens sê, ‘n sterker bydra lewer as iemand anderste.

H: Baie dankie, enige laaste gedagtes?

A: Nee.

H: Dankie.

A: Dankie.

Interview 3:

H: Goeiemiddag _____. Dankie vir jou bereidwilligheid om deel te vorm van hierdie navorsingsprojek. Ek het verneem dat jy deur die uitnodigingsbrief gelees het en dat jy die reelings aanvaarbaar vind. Dit vir my belangrik om te noem dat alles wat jy vandag sê anoniem hanteer sal word. Indien ons deur die vra gaan en jy het iets beantwoord en u wil later terug gaan en dit skrap of dit hersien, voel vry om so te doen. Laastens, ek is nie vanmiddag hier om te oordeel of jy reg of verkeerd is nie, want daar is geen reg of verkeerde antwoorde nie. Die studie is eksplorerend van aard m.a.w. ek wil uitvind wat jy in die praktyk geleer.

A: Okay, ek hoop jy gaan dit by my kry [laughs].

H: By my is daar geen twyfel dat jy ’n belangrike storie het om te vertel en ’n bydra het om te lewer tot hierdie studie met betrekking tot jou indrukke van die SKS nie? Deel van daai ervaringe en indrukke van die SKS wat jy het met my?

A: Okay, kom ek se vir jou. Ek het hiernatoe gekom vir opleiding. Opleiding gekry by dokter Pixie. Sy is pragtig. Ek is mal oor dokter Pixie. Sy is regtig goed in haar veld. Daar is niks wat jy haar kan vertel nie. Maar sy maak jou nie gereed, vir dit wat jy beleef nie. Dit is trail en error. Ek glo vir elke saak wat jy hanteer, leer jy elke keer ’n bietjie meer. Daar is nie sake wat dieselfde is nie. Die krisissentrum, wat vir my baie belangrik is, die krisissentrum het vir my baie meer beteken, as wat ek vir hulle beteken het. Dit het my mens gemaak. Baie skaam gewees, terug getrokke, ek sal nooit sulke dinge gedoen het nie. Ek meen toe ek by die krisissentrum begin werk het, toe raak ek betrokke in my nuwe beroep. Dis iets wat ek nooit sou gedoen het nie. Maar ja, elke saak het vir my ’n manier om hom te hanteer.

Jy kan nie sê twee huismoles sake is altwee dieselfde nie. Elke een is anders. Elke saak navors ons anders. Elke alles is anders, want die mense is anders, so kan ek maar dieselfde antwoord. Dit is maar dit basies. Jy leer elke dag wat jy ’n saak hanteer, leer jy iets.

H: Jy het genoem dat jy nie voorbereid was op dit wat vir jou gewag het nie. Dink jy die opleiding was voldoende gewees. Het dit vir jou 'n fondasie gebied om te kan werk?

A: Ja. Ja. Dit het grondslag gegee. Dit het absolute grondslag gegee. Sonder dit kan jy dit nie doen nie. Ek sê nie dat Pixie dit nie kan doen nie. Pixie kan alles doen, wat sy wil. Sy kan elke saak vat en vir almal vertel daarvan en hoe om dit te hanteer, hoe om op te tree, maar dit gaan nie dieselfde wees nie. Die grondslag was daar, goeie basiese grondslag, ja. Daar sonder kon jy nie. Maar ek sê, sy kan dit vir jou alles vertel maar hier sit jy met 'n klomp huilende mense om jou, getraumatiseerde mense, mense wat demoer in is. Elke saak is anders, so die kind sal nie vir jou sê tensy jy dit self nie hanteer het nie. En dan sy doen nou die opleiding en dan indiens opleiding, nê, wat jy dit saam met iemand doen. Ek het dit gedoen en in die tyd wat ek my indiens opleiding gedoen het. Die sewe weke. Het ons niemand gesien nie, verstaan jy. Ons het niemand gesien nie. Ek het die eerste keer iemand gesien op my eie en dit is skrikwekkend, hoor. Ek het nie geweet waar om te vat of te los nie, maar ek deur dit gekom. En ja, dit is maar, hoe dit is.

H: Sê my, daar is klomp ondersteuners wat hier werk, almal ondergaan dieselfde opleiding en, soos jy se, kry dieselfde grondslag. Tog is daar party van hulle wat kort daarna die sentrum verlaat. Wat dink jy is die verskil tussen iemand soos jy, wat dan nou al vir vyf jaar plus soos jy hier werk, en daai persoon?

A: Weet jy, ek dink dit is verskillende dinge. Ek dink nie dis net een ding nie. Ek dink party mense kan dit maar net nie handle nie. Party mense het nou maar net nie daai van, wat noem 'n mens dit, as ek vir jou gesê het ek doen iets, dan doen ek dit. En ek dink party mense gebruik maar net die krisis sentrum. Baie mense gebruik maar net die krisis sentrum om ietsie agter hulle naam te kry, want jy kry 'n sertifikaat. Ek dink tog daai ding beteken iets in 'n mens, want dit het iets in my lewe beteken. Dit het vir my baie beteken. Ek dink dis waaroor dit gaan. Ek weet hulle gebruik die krisis sentrum. Baie mense.

H: Wat het dit van jou gevat om te 'cope' met al die gevalle, al die kliente wat jy sien?

A: Weet jy, ek het self persoonlike probleme by die huis gehad en dit is vir my 'n ontsnapping gewees. Ek het uit my omstandighede ontsnap na ander mense se probleme toe, want ek kon nie my eie's oplos nie. En ek het geweet ek kan die ander mense sin oplos. Maar ek het baie lesse geleer. Baie lesse daal uit wat ek toepas in my eie huis.

H: Sjoe, dit klink na 'n groot insig in jou lewe…het jy dit geweet toe jy hier begin werk het? Dat jy ontsnap van jou probleme?

A: Nee, ek het dit met die tyd agtergekom, want ek het hierdie my veilige plekkie begin noem. Ek het dit met tyd agtergekom en dit wat ek dan terug gevat het huis toe, was alles positief, want anders sou ek heeltemal anders opgetree het, met daai probleme as wat ek toe het omdat ek met die krisis sentrum te doen gehad het.

H: Dit was 'n ware groeiproses gewees?

A: Ek het 'n geweldige groeiproses ervaar in my plus, minus, vyf jaar hier. Baie, baie, baie. Dis hoekom ek sê die krisis sentrum het vir my baie meer beteken as wat ek vir hom beteken. En dis ook hoekom ek, om jou die eerlike waarheid te sê Henry, raak ek deesdae baie depressief oor die dinge wat by die krisis sentrum gebeur. Al die selfmoorde, al die seerkry, maar omdat die krisis sentrum vir my so baie beteken het, het ek nie die moed en los dit nie. Ek voel net ek kan nie, want dit het vir my te veel beteken. En dan gaan 'n mens nou weer en dan raak dit weer 'n bietjie beter en dan kom jy weer terug en dan al daai selfmoorde, baie, want jy weet 'n mens besef nie as jy in jou eie kokonnetjie is by die huis, by jou eie probleme, jou eie huismoles, jou eie probleme dan dink jy 'oo' dis groot. Tot jy daar buite kom en dan sien jy hoe baie is daar eintlik. En ek dink dit vat aan 'n mens. Ek dink dit vat aan almal van ons om te sien hoe baie probleme daar buite is.

H: Het die sake wat jy hanteer ‘n groot impak op jou?

A: Party van hulle, ja. Soos die _____-moorde. Ek het van my kop af geraak toe daai man vir my sê hy het die gesin geskiet. Want ek het haar 12 uur nog gebel om vir haar te sê ek dink julle moet dit en dit en dit doen en ek kon nie deur kom nie, en toe ek die aand bel toe sê hy vir my hy’t hulle 3 uur die middag geskiet. So, dit het ’n geweldige impak gehad op my. Ek het hier in Doringpoort, het ek nou ’n agttien jare seun se lyk gesien. Ek kyk nooit na die lyke nie, juis omdat ek weet wat dit aan jou doen en per ongeluk het ek die seun se lyk gesien. Oor hoe sy pa hom deur die gesig klap, so al asof hy hom wil wakker maak, en dis nou nog naby my. Jy weet, so nou en dan, as ek ’n boek lees oor ’n lyk dan en hulle bespreek die lyk dan sien ek die seun se lyk. Weet jy ja, dis maar die twee grootstes gewees van my en selfmoorde wat natuurlik nou ’n rol speel maar wat nie so groot impak het nie omdat ek nie die lyk sien nie, veral wanneer dit by kinders kom. Tieners. Ek kan dit nie ’handle’ nie. Ek voel ek moes daar gewees het om te kan help. Hoekom was ek nie? Hoekom het hulle my nie gebel nie? Mens voel te kort. Pixie het gesê in my opleiding, jou arm is so lank. Jy kan net so ver haal. Maar ’n mens voel, maar weet jy, miskien as ek met haar gepraat het, soos hierdie polisie vrou, dalk net, maar, dit gaan weer verby.

H: Jy sê jy het van jou kop af geraak...vertel my meer...

A: Ek het histeries geraak. My man het by die kamer, dit het ons hele gesin geraak, omdat ek heel histeries geraak het. Want ek het gebel en gesê kan ek asseblief met haar praat en toe sê hy “wie’s jy?“ en op daai stadium het ek gedink dis die man wat nou kwaad is, want sy het ’n beskermingsbevel ingevul. Toe sê ek, ek is _____ van die krisissentrum. Toe sê hy jy sal nie weer met haar praat nie. Toe dag ek nou moet ek mooi praat, hom kalmeer, sodat ek met die vrou kan praat. En ek sê toe, hoor hier so, ek wil net uitvind hoe gaan dit en als en hy sê toe...die donner het hulle almal geskiet so jy sal nooit weer met haar kan praat nie. Toe raak ek histeries. Toe slaan ek neer en ek begin te gil en huil en te skreeu. Want ek het hulle die Donderdag gesien, dit was in die vakansiedag en die Maandag het hy hulle geskiet. Weet, ek voel as hy homself wou skiet ’b y all

means' doen dit. Ek meen dit is haar eie besluit maar ek bedoel kinders en hoekom die vrou.

H: Dis al daai vrae wat onbeantwoord bly...

A: Ja, ja dis my grootste ding. Hoekom die kinders? Hoekom die kinders? Wel, ek was klaar daar. Wel, om eerlik te sê ek is nou nog nie daaroor nie. As hy wou, daar is niks wat ek daaraan kan doen nie, hy moet dit dan nou maar doen. Ek kan sover help, dis waar wat Pixie se maar 'hide the truth'. Dis 'n lafaard…

H: Het jy op enige stadium gevoel dat jy in 'n gevaar is?

A: Ja. Ek dink die beskermingsbevel het definitief 'n rol gespeel. Ek het vir haar gesê "het hy haar wapen?" toe sê sy nee. Maar hy het iewers een gekry. Is of haar of die seun wat een gekry het. Ek is nie heeltemal seker nie, maar elk geval...en toe het ek vir haar gesê sy moet haarself beveilig. Toe wil sy nie by, want die vakansie het opgehou. Die skole het Dinsdag begin, toe wou sy nie weg gaan nie en ja, ek dink ek het. As ek maar aanhou probeer het, want ek het omtrent 12 uur gebel. Ek het omtrent so 3 uur gebel na haar selfoon toe en sy het nie geantwoord nie, so net na 2. As sy geantwoord het kon ek dalk, miskien moes ek hom gebel het. Jy weet, met hom dalk gepraat het, ja. Ek voel ek kon dalk iets meer gedoen het.

H: Hoe hanteer jy die impak van daardie trauma op jou?

A: Toe het ek baie gehuil. Ek het verskriklik gehuil. Baie huil. Nou sê ek vir myself daar is regtig niks wat ek kan doen nie. Ek meen, as ek kon, moes ek hulle in die hande kry. Ek het haar in die hande moes kry, sou ek dan? Weet jy, kyk, op daai stadium, Pixie het ook altyd gesê, ons mag nie na mense se huise toe gaan nie. Maar weet jy, ek dink ek sou stupid genoeg gewees het as sy my gebel het en gesê het kom hierna toe, dat ek na haar huis toe sou gaan...ek kan nie vir jou sê hoe voel ek daaroor nie. Ek weet, ek sou gegaan het, want ek het op daai stadium gedink dit sou verkeerd wees nie. Ek het op daai stadium gedink,ek wil hierdie twee mense vat, want hulle is verveeld. Hulle het nie een werk gehad

nie. Hulle is verveeld en ek het besluit ek gaan vir hulle sê. Julle moet iets kry wat julle saam kan doen of apart kan doen wat julle besig hou. En dit was my beginpunt gewees en dit is wat ek sou voor gery het om vir hulle te gaan sê. So ja, daar het ek my les geleer om nie na mense se huise toe te gaan nie. Maar ek sou daar gewees het. Ek dink, om die ding van die moord. Ag, ek weet, jy dink maar. Ek ervaar elke keer hartseer en dit raak minder. Maar dit kom nog. En dan dink ek maar daaraan. Ek dink nie meer dat ek vir hulle iets kon doen nie. Dit het ek vir myself uitgemaak. Ek moet sê ____ het my nogal baie gehelp met dit. Sy het baie met my gepraat daaroor. Maar dis dit.

H: Sou jy sê die hulp wat die SKS bied in terme van opleiding en supervisie ens. Is voldoende vir die ondersteuners onder daai tipe trauma, oor hoe hulle dit hanteer?

A: Die ondersteuners self se trauma?

H: Ja.

A: Weet jy, ek deel nie maklik nie, veral nie by die krisis sentrum nie. Weet jy ek moet, hier voel dit vir my, ek is die ou wat moet sterk wees, so ek kan nou nie kom sit en huil hier nie alhoewel ek baie keer lus het. So dit. Ek het nie gehuil voor ander. Ek het by myself gehuil, maar nie voor Losel hule nie. Met hulle gepraat daaroor, maar nie gehuil daaroor toe nie. Wat ek dalk seker maar moes. Ek dink tog, jy weet as jy nodig het om te ontlont, is daar altyd iemand. Daar's mense daar. Dis Jakkie en so aan. Ek gebruik dit nie sommer nie want ek 'nag' ok te veel by die huis.

H: Vertel my so bietjie van jou indruk van 'n tipiese SKS ondersteuner?

A: Sag. Oop. 'n Goeie oor om te luister. Liefdevol optree. Die regte ondersteuning op die regte tyd gee. Weet jy, dit help nie jy gaan druk daai persoon wanneer daai persoon nie gedruk wil wees nie nou en jy 'insist' jy wil hom 'n drukkie gee nie. Jy moet kan lees hoe die persoon voel. Sjoe, Pixie is baie erg op nie-verbale kommunikasie. Dit is baie belangrik om 'n persoon te kan lees. Ek dink.

Ek dink die grootste ding hier, is om te luister. Maar om, dat daai persoon kan sien jy luister. Dit moet nie 'n gevoel wees van jy kyk ander plek en jy lyk nie geïntereseerd nie. Ongeag of jy die storie nou al honderd keer gehoor het. Hierdie ou en sy storie is belangrik, baie belangrik, want dis sy lewe. So dis alles vir hom. Vir my is dit niks, want ek het gister by die selfde, by 'n ander ou gehoor. Maar jy moet vir daai ou, moet jy oop wees en jy moet luister. Jy moet belangstel of sulke tipe belangstelling en natuurlik al die hulp wat jy kan gee.

H: Jy se jy moet na die klient se storie luister. Vertel my bietjie jou indrukke van 'n tipiese kliënt?

A: Weet jy, dis nou rof. Ons tipiese kliënte is…wat ek voel amper half gereelde kliënte is. Soos ek het 'n paar van hulle, _____- hulle, kom reg en dan gaan dit weer sleg en dan bel hy my weer en dan gaan dit nou weer goed en dan bel hy my weer. So daai klomp gereeldes is. As daar 'n 'family fight' is, nê, dan moet jy weet, dis'n gereelde ding. Dis nie 'n eenmalige ding nie en ja, _____ - sal seker saam met my uitstap. Net so oomblikkie... [interruption]

H: Ons het gepraat van tipiese kliënte?

A: Ja?

H: Jy het gesê as daar 'n 'family fight' is dan weet jy dis...

A: Ja, dis 'n aanhoudende ding. Dis daai tipe van. Ek weet nie. Mense is nog vir my mense. Ons het nie goed of sleg hier nie. Almal van ons het probleme. Tipiese kliënte is 'n tipiese ondersteuner, as jy weet wat ek vir jou sê. Ons het almal probleme. Party steek dit net bietjie beter weg. Ander soek hulp, ander doen nie. Daar is nie vir my 'n onderskeid tussen die twee nie. Ek is hier om te help en ek help sover as wat ek kan.

H: En môre is jy weer die persoon met die probleem…

A: Ja, wat daai hulp nodig het en dan hoop ek, daar is iemand wat my kan help. Daar is nie vir my 'n onderskeid nie. Ek dink daar's pragtige mense daar buite. Ek wens net hulle wil partykeer raak sien, hulle self, bedoel ek. Ja, hulle sukkel.

H: Vertel my meer...

A: Weet jy, ja. Mense kan hier dan...nee, ek sou nie sê 'n lae selfbeeld nie...hulle is so verweef in hulle eie probleme, dat hulle nie besef dat daar 'n wêreld daarbuite aangaan en dat die lewe aangaan nie. En weet jy, helfte van hierdie mense wat na ons toe kom, maak hulle eie probleme. Weet jy, ek sit hier en ek luister na sy kant en ek luister na haar kant. Intussentyd hoor ek hulle wil altwee dieselfde ding hê, maar hulle kom nie bymekaar uit nie en dit het al nou solank aangehou dat ek vir hulle sê julle altwee soek dieselfde ding. Julle soek altwee liefde en sekuriteit en wat ook al. Hulle hoor nie, want hulle wil nie meer hoor nie, want hulle is in daai 'mindset' van 'fight'. Dis hulle lewenstyl.

H: Want dis al wat hulle ken…

A: Ja, dis al wat hulle ken. Hulle weet nie hoe om daar uit te kom nie en niemand gaan hulle daar uithaal behalwe hulle self nie, want ek sê reguit vir hulle. Julle soek dit saam. Julle doen dit verkeerd, maar hulle luister nie. Hulle hoor nie meer nie. Want ek weet nie of dit 'n geval is van hulle is te diep in die fight in of hulle hou van die fight nie. Verstaan jy? Dis iets wat ek nog nooit met enige huismoles ding kon vasstel nie. Of kan hulle nie net daaruit nie of wil hulle nie net daaruit nie. Ek kan dit nie vasstel nie. Want 'n mens sê vir hulle reguit en dit werk nie. Hulle luister net nie.

H: Wat ek nogal van jou kry is iets soos *vasgevang in negatiwiteit*?

A: Ja, baie. Gewoonlik met huismoles is dit vir my so absoluut vasgevang in negatiwiteit en hulle hoor niks positief nie, al sê jy dit vir hulle. Al sê jy vir hulle negatief ook. Hulle sal sê maar ja ek weet, maar hulle doen niks daaraan nie. Môre is dit dieselfde en hulle kan dit nie reg maak nie, want hulle kan. Daar is hulp vir hulle. Daar is maniere om dit te doen, maar hulle gaan nie sover nie.

H: Wat doen jy, prakties, om kliente te help?

A: Eerstens luister ek. Wat ek probeer doen is, want hulle kom gewoonlik altwee saam, dan is dit ’n deurmekaar spul, want dan kan jy nie, want die een sê sulke goed en en naderhand praat hulle glad nie meer met my nie, hulle praat met mekaar. Hulle baklei met mekaar. En dan luister ek maar nou sovel as wat ek kan. Ek kry soveel inligting as wat ek kan. Dan reël ek vir ’n ander afspraak of afhangende van hoe dringend dit is of hoe ernstig die bakleiery is, dan stuur ek een van hulle uit. Dan gee ek hierdie een die geleentheid om te praat en sy sê te sê en dan stuur ek die ander en dan vat ek die ander een weer. En dan relate ek, nou maar basies want hierdie twee mense hoor mekaar ook nie meer nie, hulle hoor nie meer rerig wat hulle vir mekaar sê nie. Daar is nie meer kommunikasie nie. So kommunikasie speel vir my ’n baie groot rol in gesins domestic violence en al daai goed. So hulle hoor mekaar nie meer nie, dan probeer ek hulle die een vir die ander een sê okay dit is hoe hy dit sien dan laat hulle weer praat en dan as hulle weer aan mekaar spring, want ek kan nie vir hom gaan sê wat sy vir my gesê het nie. Ek mag dit nie doen nie. En dan laat ek hulle maar weer by mekaar kom en as ek sien sy verstaan nie of hoor nie wat hy sê nie, dan stop ek hulle en sê ek okay, het jy nou gehoor wat hy gesê het, hy het dit gesê, sê vir my wat het hy gesê het en dan sê sy vir my en dan sê vir haar nou, maar het jy gehoor wat hy eintlik gesê het. Eintlik het hy iets anders gesê wat sy nie wou hoor nie, dan wat ek hulle maar stadig deur dit, sodat hulle kan begin leer om vir mekaar te luister. En gewoonlik voor ’n mens rerig by hulle uitkom dan het hulle vrede gemaak of hulle het nie het nog nie rerig vrede gemaak nie, want oor ’n week baklei hulle weer. Dan is hulle weer terug met die selfde probleme en ekstra’s. So mens kom nie rerig uit by om op te los, wel ek praat nou van my gereelde kliënte soos Wynand en Alta. Weet jy, ek kry nooit rerig kans om hulle op te los nie. Hulle wil nie vir mekaar luister nie. En hulle luister ook nie meer vir my nie. Ook nie meer vir die sielkundige nie. So dit is ‘n lost case. Ek sien hulle maar. Ek luister maar, laat die woede en die gevoelens maar uitkom. Baie keer voel hulle beter daarna en dit is maar wat ek doen, laat hulle maar praat.

H: Klink vir my soos na ’n konstante proses van ventilasie, kommunikasie en begrip?

A: Ja, om mekaar te leer verstaan, want gewoonlik in so geval is dit, wanneer hulle mekaar nou nie meer, dit maak nie saak wat hulle van mekaar sê nie, dit maak nie meer saak nie. Hulle worry nie meer nie. So ek probeer hulle leer om te luister wat die ander ou sê. Hoor rerig wat hy sê. Hy kan dalk dit sê, maar heeltemal iets anders bedoel. Iets heeltemal anders as wat jy gehoor het. So luister wat hy sê. Maak oop jou ore. Maak oop jou siel en luister wat hierdie ou sê. En as jy dit nie verstaan nie, dan sê jy vir hom, hoor hier so, askies, wag het ek nou reg gehoor. Is dit wat jy gesê het en is dit wat jy gedoel. Dit vat tyd. Dit vat baie tyd. En mense het nie meer tyd vir sulke goed nie, want ek weet nie hoekom nie, want ek dink dit kan nogal werk. As ’n mens net eers geleentheid gee, is dit nou wat jy gesê het. Is dit wat jy bedoel, voor ek kom klap. Jy weet. Het jy nou rerig dit bedoel en dan kan jy nou maar klap as jy wil as hy dit bedoel het. Maar dalk het hy nie. Want daar is baie dinge wat ’n mens kan sê wat nie heeltemal reg uitkom nie wat jy eintlik heeltemal iets anders bedoel. So ja.

H: Jy fokus daarop om vaardighede aan te leer en nie net nou se probleem op te los nie, maar die vaardigheid rondom probleemoplossing?

A: Ja, die proses. Ek dink dis die middelpunt van die probleem. En omdat die rusie so lank en so gedurig aan die gang is, is daar nie meer tyd om nittie gritties te gaan uithaal. Okay, hy is nou kwaad oor ek die deur oop los nie. Jy is nou kwaad omdat ek nooit die skottelgoed was nie. Ons kan nie al daai goed vat. Jy moet vir my by ‘n beginpunt begin. Ja. Ek sê altyd vir hulle. Weet julle, julle sit nou hier in ’n gemors. Dit is soos ’n klomp watte balletjies, wolletjies, wat nou al so gekoek geraak het, dat julle moet gaan en julle moet hulle een vir een gaan los maak om by die senter uit te kom. Maar ek weet al lankal wat by die center is. Dis kommunikasie. Nou ek werk dit in. Ek werk dit in die gesprek in. Maar dan moet hulle, hulle moet daai nittie grittie gaan uithaal. Hulle moet gaan kla oor die deur. Maak toe die deur, want ons het nie plek. Want dit was een van die kliênte se probleme dat sy vrou het altyd die deur oop gelos en dan kan hy nie by die deur uitgaan nie en dan word hy kwaad daaroor. Praat met haar

daaroor. Maak asseblief die deur toe. En weet jy as sy nie hoor nie, wat maak dit aan jou saak of jy die deur gaan toemaak. Maak die deur toe. Dit vat niks van jou om die deur toe te maak nie. Maak die wolletjies los en dan kom julle by die beginpunte uit. Maar, partykeer kom mens nie eers verder as die eerste lagie nie, dan ontstaan daar weer 'n fight. So, dan kom sien hulle my maar net weer. Dan gaan ek maar net basies aan waar ek opgehou het. Sekere mense soos Wynand en Alta gaan jy nooit kan nie want hule wil nie gehelp wees nie. Hulle hou van dit soos wat dit is.

H: Dit moet 'n baie lang proses wees en en waarin jy baie hard moet werk?

A: Ek is nie die ou wat hard moet werk nie, hulle moet en hulle is nie bereid om dit te doen nie. Hulle is nie bereid om daai wolletjies los te maak nie. Die probleme een vir een te tackle en op te los nie, want jy kan ook nie in daai bol wol ingaan en wel ek meen, jy bly op presies dieselfde plek. Daar is te veel dinge wat pla. Jy moet een van hulle, jy moet hulle losmaak. Jy moet hulle een vir een bespreek en oplos. Maar dit werk nie altyd nie.

H: Dit is 'n baie sistematiese proses…is dit genoeg om kliënte byvoorbeeld net ses keer te sien?

A: Weet jy, ek het nog nooit 'n kliënt ses keer gesien nie, want hulle kom nooit soveel keer terug nie. Ek bedoel ses keer aaneenlopend nie. Ek het vir _____ en _____ nou al honderd keer gesien, maar elke keer met 'n ander probleem. Dan kom dit weer reg en dan werk dit weer vir 'n paar maande, en dan is daar weer 'n fight en dan kom hulle weer terug en dan probeer ek, maar hulle daag nie op vir daai sessie nie. As hulle doen, kan 'n mens iets daaromtrent doen, dan weet ek kan ek jou nou rerig nie sê of ses keer genoeg is, of nie, omdat ek nog nie self daardeur is nie.

H: So met hierdie benadering wat jy volg, is dit vir jou effektief?

A: Ek dink dit kan wees, as hulle sou gereeld kom, as hulle 'n effort maak. Maar die mense maak nie 'n effort nie. Want weet jy, hulle wil nou hulle probleme opgelos

hê, hulle kom nou met ‘n rusie kom en hulle wil nou hulle probleem opgelos hê. Jy kan nie nou daai probleem oplos nie, want dit is nie net nou vandag se probleem nie. Dit is jare se probleme wat daar lê. Ek meen, as ’n paartjie met so groot rusie by die polisie stasie beland, dan moet jy weet dit kom al ’n rukkie. En jy kan dit nie nou oplos nie, jy kan nie. Dis onmoontlik. Dit werk nie so nie. Ek kan nie dink dat dit so werk nie. Ek dink dit het ’n proses nodig. Maar dit hang nie van my af nie. Dit hang van daai mense af .

H: Wat het jy van daai kliënte nodig om hom by te staan om deur sy probleem te werk?

A: Om te kom, wanneer hy afsprake maak. Te doen wat ons beplan om te doen as ons sê gaan bespreek julle, gaan haal die probleempies uitmekaar uit. Wat is dit wat jou pla? Wat is dit wat jou pla? Dat ons by die werklike probleem kan uitkom. Dat doen hulle dit twee keer. Dit werk nie.

H: Is dit vir jou ‘n frustrasie in jou daaglikse werk?

A: Ja, ja. Dit is. Maar daar is niks. Ek meen daar is niks. Ek kan op die mense se nekke lê nie en sê hoorie kom nou nie, kom nou. Ek dink hulle gaan geïrreteerd raak.

H: Dit sluit aan by dit wat jy vroeër gesê het van keuses...is ek reg?

A: Dit is hulle keuse. Dit bly hulle keuse, maar daai mense gaan weer terugkom. Ek weet hulle gaan weer terugkom. Want hulle het nog nie hulle probleem opgelos nie. Wanneer dit gebeur soos met ____ en _____. Omdat hulle nou al reeds by ’n sielkundige is, is daar niks wat ek verder vir hulle kan doen nie. Ek luister maar basies. Ander mense wat ook so, maak kom en die eerste twee keer kom en dan weg raak en dan weer terug kom, probeer ek help tot op ’n stadium wat ek nou sê weet jy dit help nie, julle kom nie terug nie en dan verwys ek hulle. Dan vat ek hulle na ‘n sielkundige toe. Dan is dit nou van my af. Want daar is niks meer wat ek kan doen nie. Kom hulle terug, kom hulle terug. Kom hulle nie terug nie, dan kom hulle nie terug nie. Verstaan jy? Dan is dit die

sielkundige se probleem en hulle probleem om iets daarvan te maak. As hulle dan daarna wil terugkom is hulle meer as welkom. Ek het nie ’n pyn daarmee nie, verstaan jy? Ek sit en luister en ek gee nog steeds positiewe antwoorde en probeer nog steeds by die probleem, by die oplossing kom. Maar dit gaan nie, daar is sekere mense wat net nie meer kan maak nie.

H: Sê my nou voordat ons aanbeweeg na ander vrae toe, is daar nog iets wat jy vir my kan of wil vertel rondom kliënte?

A: Ag, weet jy, ek dink nie so nie. Daar is sekere situasies wat hier kom wat ek nie heeltemal seker, is hoe om te hanteer nie. Soos die een vrou wat hier gekom het, wat obviously, sy wat nie normaal gewees nie, ek weet nie wat fout was met haar nie, maar sy het definitief delussions gehad. Sy het hier in ’n die kamertjie ingegaan en sy het gesê dis haar kamer en sy het almal uitgejaag. Dis haar kamer. Sy bly daar. Ek het, iemand het vroeër vir haar rescue remedie gegee toe glo sy aan ons het haar vergiftig toe hardloop sy sommer weg. Ek het nie op daai stadium geweet wat doen mens met dit nie. Hoe hanteer ek hierdie vrou nie. En Adrie het gelukkig hier aangekom en Adrie het, want sy het nou al deur sulke situasies gegaan. Toe het sy die ambulans gebel en die ambulans het haar kom haal. So ja, daar is sekere, soos wat ek jou gese het, ek is al vier jaar hier, amper vyf jaar hier, maar daar is sekere situasies wat ek nog nie gehanteer het nie. Wat ek nie altyd seker is van hoe, maar daar is altyd hulp. Ek kan altyd vir Pixie bel. Ek kan altyd vir Adrie bel. So dit is nie dat dit vir my ’n issue is nie. Verder nee. Ek dink dit is maar basies dit. Ek het nog nooit ook met bloed of enige iets gewerk nie. Ek dink ek gaan myself oor ’n mik skrik. Ja. Ek weet nie hoe om dit te hanteer nie.

H: Baie dankie vir daai eerlikheid.

A: Oo okay, nee dit was fine.

H: Wat beskou jy as die SKS se sterk punte?

A: Sterk punte – Pixie. Susan was een. Ek is baie hartseer daaroor. Die ondersteuners, weet jy, wat is daai woord wat ek nou-nou gesoek het, dat hulle kom, dat hulle hier is, dat hulle alles gee. Ek meen, baie word van ons eie sakke uit gedoen. Ek meen, my petrol, my telefoon. Ek bel gereeld. Ek kla nie hoor, ek kla glad nie. Ek meen, ek doen dit op my eie. Nee, ek dink dis die drie sterk punte gewees.

H: Sal woorde soos passie en commitment dalk dit vir jou beskryf?

A: Commitment is wat ek gesoek het. Commitment is die woord wat ek gesoek het. Ek soek hom nou net in Afrikaans. Ja, flip, weet jy, passie ek weet nie. Ek dink die ondersteuners raak partykeer moeg. Soos ek jou nou-nou gesê het, ons kom nou agter hoe baie is daar, daar buite. Watse probleme is daar, daar buite. Ek dink dit raak aan die ondersteuners. Ek dink dit doen. Ek dink dit vat aan die mens. Dit vat aan my. Ja, ek dink daar moet passie wees. Daar moet absoluut passie wees vir my om elke keer te kom. Commitment is, ek dink jy is gebore daarmee. Ek het belowe, ek sal vir een keer ‘n week twee ure hier werk, dan doen ek dit. Ja. Commitment definitief. Nou gaan ek vir jou ietsie sê wat my baie, baie bekommer. Pixie tree af die einde van die jaar. Ek weet nie wie gaan haar plek vat nie. Ek dink nie daar is iemand wat met haar plekke kan ruil nie. Soos wat Pixie het nie. En ek dink as Pixie loop gaan hierdie plek nie lank hou nie.

H: Watse rol sal jy sê het sy gespeel?

A: Oo joe, daaroor. Het jy nog tapes? Sy is die maker van hierdie plek. Sy is die behouer van hierdie plek. Sy is die, ek wil nou vir jou, ek weet nie, ek weet nie hoe om dit vir jou te sê nie. Sonder Pixie bestaan hierdie plek nie. Hier is baie oulike ondersteuners. Henry rerig, dis ou ondersteuners wat baie oulik is maar niemand gaan hierdie plek run soos Pixie nie. As _____ nie gaan terugkom nie, gaan hierdie plek nie staan nie. ____ is van die ou ondersteuners, _____ het nie vir my dit wat Pixie het nie. _____ het nie vir my dit wat Pixie het nie. _____ het dit nie. Ek het dit nie. Nie een van ons het dit wat Pixie in hierdie plek ingesit het om hom te maak werk nie. Sy vat nie nonsens nie. Sy is vir my partykeer

bitterlik onregverdig, sy was al...[smiles]...maar sy hou die plek in die holte van haar hand. En sy maak hierdie plek werk. Dit is al wat ek daaroor kan sê, rerig. Ek dink nie daar iemand wat hierdie plek kan maak werk nie, nie soos sy nie. Regtig waar. Dis hoekom ek nog hier is, anders het ek al time out gevat. Want ek weet hy gaan nie lank hou nie. As sy die einde van die jaar gaan, dit gaan nog ’n jaar daarna blom.

H: Wat dink jy het die SKS nodig om te oorleef?

A: Weet jy, hierdie was Pixie se baba gewees. Hierdie was Pixie se groot maak kind. Vir iemand anders om nou te kom net oorneem gaan net nie, ek meen sy het passie agter, die passie wat jy nou van gepraat het, sit alles saam met Pixie. Iemand anders, nie een van ons ander, ons ander het passie maar nie die passie wat sy het om die plek te laat staan nie. Ek weet nie. Ek weet rerig nie. Ek weet nie wat dit is wat sy gedoen het nie. Want ek het al baie keer vir haar baie kwaad geword. Dat sy rerig, ek het ’n feeling, ek skinder nie nou nie, jy sê hierdie goed is konfidensieel. As ek en jy ’n ding gedoen het, of ek doen iets en jy gaan vertel vir Pixie dan glo Pixie jou. Sy kom nie eers terug na my toe om te hoor wat die eintlike storie is nie. Sy trap my onmiddellik uit. Dis vir my verkeerd van haar. Maar met haar verkeerde ding van doen, run sy hierdie Krisis sentrum absoluut seepglad. Ek is jammer daar is nie vir my iemand wat dit gaan kan doen nie. Daar is niemand, daar is niemand wat dit gaan kan doen nie. Dit is haar groot maak kind. Dit is haar baby hierdie. En sy sê sy tree af. Ek dink nie sy gaan nie. Ek dink rerig nie sy gaan nie, want die plek gaan vou. Ek gaan dit nie vir haar sê nie. Op hierdie stadium, nee. Sy moet dit nou maar self agterkom. Want sê jy dit vir haar, plaas jy stres op haar. Want haar man plaas stres op haar. Die krisis senttrum plaas stres op haar. Die polisie, alles, haar werk plaas stres op haar. So sy het nie nodig nou nie. Miskien moet sy maar eers klaar gesond word voor, voor sy, want sy sal sien. Ek is baie jammer. Dit is hoe ek voel. Daar is nie iemand wat dit gaan kan doen nie.

H: Wat sal jy geskou as die SKS se swak punte?

A: Sekere ondersteuners. Verkeerde mense wat deel word. Ek kan nie vir jou name noem nie, want ek ken nie almal goed genoeg om te sê nie. Ek praat nou ook nou van mense wat jy sê wat opleiding kry en dan wegraak. Of mense wat opleiding kry, 'n ruk werk, jare werk en wegraak. Daar is nie commitment, commitment is nie meer daar nie. Dis jammer. Ek dink dit kan die sentrum breek. Ek het op 'n stadium toe Susan weg is het ek gedink, die sentrum gaan knak, maar ons het hom deurgetrek. Ek het net. Want ek het vir Susan gesê as jy waai, waai ek ook maar die rede waaroor Susan gewaai het, is nie vir my nie genoeg nie, en ek het deurgedruk. Ek het ekstra ingesit om die plek te laat kan werk. Want ek dink dis 'n wonderlike plek. Ek dink dis 'n wonderlike ding wat gebeur, maar ja. Ek dink daar's van die ondersteuners wat kan moeilikheid maak en somtyds doen en ek is een van hulle. Ek het ook maar my foute gehad. Ook maar moes leer op 'n stadium. Daar is van die wat nie rerig committed is nie, nie vir die saak nie. En ek kan nie vir jou name noem nie, want ek weet nie eers wie hulle is nie, so ja.

H: Sê my die SKS se missie stelling lees soos volg: Dis 'n gemeenskapsgebaseerder, emosionele onderdsteunings diens vir slagoffers van misdaad, ongelukke en krisisse te lewer. Nou as ons daai missie stelling as kriteria vat, sou jy sê die SKS was suksesvol in dit wat hy probeer doen het?

A: Ja, Ja, en nog en nog. Want dis nie al wat ons doen nie en nog. Ons doen baie meer as dit. Dit gaan dieper as dit. So ja, baie beslis.

H: Wat sou jy sê was die kritiese sukses faktore wat die SKS instaat gestel om dit te kan bereik ?

A: Ek dink die feit dat ons moet die polisie die band het, dat as daar 'n probleem is kan hulle ons onmiddelik bel en daar is altyd iemand aan diens en daar kom altyd iemand. Ek meen as hulle iemand nodig het, daar is 24 uur iemand aan diens. Dan kom iemand. As hulle nie daai persoon kry nie, bel hulle iemand anders. Die mense moet partykeer 'n half uur sit en wag, maar daar is altyd ondersteuning vir hulle. Maak nie saak wanneer nie, maak nie saak hoe laat nie. Ek dink, dit is deel van sy grootste sukses ook.

H: So, die network het ander rolspelers?

A: Ja, definitief. Ja.

H: Nou dat ons so praat van rolspelers. Dink jy daar is ander rolspelers wat ‘n belangrike rol speel tot die genesings proses van ons kliënte?

A: Ja, ek dink so, want onthou die hele ding, is kom ons wat nou maar weer gesinsprobleme. Dit is nie net die gesin wat betrokke is nie. Die hele familie raak uiteindelik betrokke. Op die ou ent vra skoonsus jou en skoonsus praat met jou en jy praat met skoonsus. Ek praat nou nie van konfidensiele goed nie. Jy weet. Jy praat met skoonsus oor hoe om hulle te help. En ja, sielkundiges en die polisie is ook hier. Die polisie is, hierdie plek kan nie ook bestaan sonder die polisie nie. Ek dink nie so nie. Ons help mekaar.

H: So een van die sal sê dit sal in die SKS se voordeel wees om te netwerk met hierdie rolspelers?

A: Oo, ja. Definitief. Ek meen hoe gereeld gebruik die polisie ons. Ek dink die polisie gebruik ons meer as wat ons hulle gebruik, maar tog is daar situasies waar die mense hiernatoe kom en dan help ons hulle om direk met die polisie kontak te hê, en hulle makliker en vinniger te help as wat hulle by die toonbank sal gaan staan en jare sou gevat het en nie reg gekom het nie. Nie soos wanneer ons hulle sou gehelp het, wanneer ons hulle gehelp nie, so ja nee baie beslis. Ons het mekaar nodig.

H: So omtrent die SKS. Wat dink jy is positief en moet meer van gedoen word?

A: En moet meer van gedoen word?

H: Ja, vertel my...

A: Okay positief. Dis half vir my moeilik. Ek dink nie hier is enige iets negatief nie. Ek dink nie rerig hier is iets negatief nie. Self met die ondersteuners wat ek nou-nou vir jou van gepraat het van met commitment. Ek dink hiers iets negatief hier nie. Wat meer gedoen kan word. Ek weet nie dalk, miskien is ek nou een van die ondersteuners wat nie genoeg met die polisie, ek ken nie eers hulle name nie, maar ek weet jy ek is baie sleg met name ook. Weet jy ek ken nie hulle name nie. Ek dink nie ons. Weet jy wat ek dink party saam met die polisie manne sal nogal half lekker wees. Om ons nader aan mekaar te bring. Dat ons mekaar beter leer ken. Omdat ons so afhanklik is van mekaar.

H: Nouer samewerking?

A: Ja, ja, weet jy ja. Ek meen dit is ook dan nou konfidensieel, maar ek gaan nie na ____ polisiemanne toe nie. Ek gaan maar altyd na Kaptein ____ of ek gaan na die Sup toe. Ek soek tot ek een kry. En baie van die kliënte kom na ook na my toe en sê help my asseblief. Ek dink so. Ja ons het dit nodig. Ja ek dink so. En buite? Praat jy nou van rolspelers in die sin van wat? Sielkundiges, en daai tipe van ding. Ek dink ons kan bietjie meer ondersteuning van hulle kry. Daar was 'n stadium toe ek net hier begin werk het, toe hulle gesê het, ons stuur vir hulle kliënte wat kan betaal en dan sal hulle somtyds kliënte vat wat nie kan betaal nie. Dit werk nou nie meer so nie. Hulle wil dit nou glad nie meer doen nie. Ek dink somtyds moet hulle darem ons ook net uithelp. Dit is ook nie as of net vir hulle kliënte stuur wat nie kan betaal nie. Ek dink ons kan dalk bietjie meer hulp van af kry. Hoe om dit te bewerk sal ek nou glad nie weet nie.

H: Wat by die SKS werk nie en moet reg gestel word?

A: Weet jy, ek weet nie. Dit kan ek rerig nie vir jou beantwoord nie. Ek het nog nie rerig so, want as ek 'n probleem het is daar altyd iemand wat ek kan bel. Ek dink nie daar is iets nie. In alle eerlikheid, ek dink nie so nie.

H: _____, enige finale iets wat jy kan byvoeg?

A: Ek het nou al te veel tapes vol gepraat. Weet jy, nee. Ek moet jou sê weet jy, my opleiding en die nuwe opleiding is nie dieselfde nie, hoor. Die nuwe opleiding is blykbaar meer intensiewer as wat myne was. Ek moet eintlik nog hierdie opleiding ook weer deurmaak. Nee ek dink regtig nie, ek dink dis ’n pragtige plek. Ek is baie mal oor hierdie plek. That’s it. Ja

H: Baie dankie

A: Dankie.

Interview 4:

H: Goeiemiddag _____. Dankie vir jou bereidwilligheid om deel te vorm van hierdie navorsingsprojek. Ek het verneem dat jy deur die uitnodigingsbrief gelees het en dat jy die reelings aanvaarbaar vind. Dit vir my belangrik dat jy verstaan alles wat vandag gese word is anoniem en sal so hanteer word. Indien ons deur die vra gaan en jy het iets beantwoord wat jy wil skrap of byvoeg, voel vry om so te doen. Ek is nie vanmiddag hier om te oordeel of jy reg of verkeerd is nie, want daar is geen reg of verkeerde antwoorde nie.Die studie is eksplorerend van aard m.a.w. ek wil uitvind wat jy in die praktyk leer. _____ jy sê jy is nou al so ongeveer 5 jaar lank betrokke by die SKS. Nou in my gedagtes is daar geen twyfel dat jy ‘n baie belangrike storie het om te vertel of ‘n groot bydrae het om te maak op die studie nie m.b.t jou indrukke en ervaringe nie. Wat kan jy my vertel van jou indrukke en ervaringe in hierdie veld?

A: In die eerste plek, ek is mal oor die sentrum. Dis vir my wonderlik dat daar so plek is. Dis vir my wonderlik om mense te kan help. Dis vir my absoluut “stunning”. Mense sê vir my, Hoekom doen jy dit? En jy werk verniet. Ek dink dis my deeltjie van menswees om iets terug te ploeg in die gemeenskap.

H: Hierdie werk is vir jou ‘n passie?

A: Dis vir my ‘n passie, ja.

H: Sal jy sê dit vat ‘n spesifieke persoon om die werk te doen? Is waarop jy nou sinspeel?

A: Ja, ek sal sê ek dink nie enige ou kan hier werk nie, want jy weet nooit wat is jou geval wat jy uitgaan nie. Jy weet nooit as die SAPD jou bel en sê dis ‘n gewapende roof en jy kom op die toneel, wat gaan jy kry nie.

H: Dis baie onvoorspelbaar?

A: Dis baie onvoorspelbaar. As hulle jou bel, selfmoord, en jy kom daar. Gewoonlik sê hulle net dis ‘n selfmoord, hier is die adres, gaan uit. As jy daar kom, hoor jy eers wat gebeur het.Dit is dit. Ja, ek dink dit is ‘n spesifieke persoon. Jy kan nie enige persoon daarby hou nie. Die ander ding is om te besef dat selfs die oortreder het ook ‘n storie. Dis nie net die slagoffer nie. Die ou wat oortree het, het ook ‘n storie. En dit maak vir my sin. Iets trigger enige ou. Iets trigger mense. Daar’s altyd ‘n trigger wat mense trigger om iets te doen. En ek sal graag wil uitvind hoekom doen mense dit. Wat dryf mense om dit te doen.

H: Enige idees?

A: Weet jy ek dink ek het op ‘n stadium saam met dr Pixie ‘n hofkursus gedoen wat ons daardie hofondersteuning gedoen het en toe moes ek die mense van die Pretoria-verkragter ondersteun het. So ek moes sy familie ondersteun het en hom ondersteun het in die hof. En ja, dit was vir my baie hartseer gewees om te weet hy is lewenslank gevonnis vir wat hy gedoen het, was verkeerd. Maar wat het hom getrigger om dit te doen? Was daar iemand wat regtig passie gehad het om te gaan en uit te vind, hoekom het daardie man dit gedoen? Dis maklik om te oordeel. Uit my oog punt uit, maar hoekom? Toe ek die hofstukke sien, dat dit het in ‘n siklus geloop. Toe sien ek daar’s ‘n rede voor. Daar moet ‘n rede voor wees hoekom daardie ou oortree het.

H: Mens moet altyd die groter prentjie sien…

A: Ja, dit het vir my net gekom, mense wat van buitekant af kyk, vra vir my hoe kan jy simpatie hê of empatie hê met ‘n oortreder.Dan sê ek altyd vir hom, ek het nie empatie, ek is nie jammer vir hom nie, maar ek sal graag wil weet wat is sy storie. Want kyk elkeen van ons het ‘n storie. Hoekom draai ‘n persoon wat gelukkig getroud is, ‘n wonderlike lewe, ‘n wonderlike werk het, dan draai hy uit en hy word ‘n verkragter. Wat het gebeur om hom na daardie daad toe te dryf?

Wel ek meen, ek weet of die ander ouens dit ook wil verstaan nie, maar vir my, wil ek graag verstaan.Want elkgar van ons is uniek. Ek sê altyd vir die mense God doesn’t make junk. Hy maak net spesiale mense.

H: Jy moet oordeelvry kan wees?

A: Ja, Ja.

H: Dink jy dis wat die SKS ook benadruk: om oordeelvry te handel met kliënte?

A: Dis waar, ja, nee. Jy moet onthou, of dit ‘n oortreder is wat voor jou sit en of dit ‘n slagoffer is wat voor jou sit, hy’s ‘n mens. So jy kyk verby dit wat hy doen en jy kyk na die mens.

H: Hoe sal jy ‘n tipiese SKS ondersteuner beskryf?

A: Jy moet baie baie lief wees vir mense. Jy moet mense beskou as iemand.

H: Dit is nou ongeag of dit ‘n oortreder is…

A: Presies ja. Ek hou nie van ongeregtigheid nie, want ek voel, ja, hy het ‘n daad gepleeg, hy’s nou gestraf. Hy sit nou vir die res van sy lewe. Sy familie was hartverskeurend stukkend. Weet jy wat het sy vrou vir my gesê? “He didn’t kill somebody”

Maar sy het nie verstaan, hy het geestelik, psigies iemand doodgemaak – ‘n paar vrouens wat hy bygekom het, het hy psigies vermoor. En om dit by hulle tuis te bring is baie moeilik.

H: Dit vat ‘n persoon wat baie *lief* is vir mense om dit te kan doen: die daad en die persoon te skei?

A: Ja. En hier by die SKS moet ‘n mens lief hê. Jy moet ‘n passie hê vir mense. Dit moet nie vir jou swaar wees om hierna toe te kom nie. Dit moet vir jou lekker wees en dit wat jy doen moet lekker wees, want dis nie lekker as ‘n man en vrou mekaar wil vermoor hier voor jou en jy dink: ‘Ek sit hierso maar ek vat niemand se part nie.’ Elke saak het drie kante, die man se kant, die vrou se kant en die

regte kant. Ja dis net altyd so. En wat is die regte kant. En om by dit uit te kom, ja, dit vat bietjie tyd.

Ek dink as jy hier besluit het, jy moet ‘n commitment maak. Dit is ‘n commitment wat jy maak teenoor jouself, nie teenoor die SKS. Ek meen jy moet besluit ek offer daardie tyd op en as ek net twee ure ‘n week wil werk is dit goed, dan wil ek net twee ure werk. Maar ek voel dis nie soos dit moet wees nie. Ek voel enigeen moet beskikbaar wees as daar ‘n krisis is, om te sê hiers ek, ek is daar. Ek weet nie van die ander ouens nie, as ek in die kar klim na ‘n geval toe en ek kom daar, dan voel ek amper ek is nie waardig om dit te doen nie. Maar as ek daar kom en ek is in die situasie dan kan ek agteruittree en ek kan hierdie ouens behandel en dit raak my as persoon nie op die stadium nie. Ek gaan aan en doen my werk. Agterna as ek nabetragting doen, so ek dink mens moet besluit jy gaan nie betrokke raak by gevalle nie. So, jy gaan dit nie jou eie maak nie. Jy kyk na dit in perspektief. Dis seer goeters, maar jy moenie dat dit op jou kom klim nie. So ‘n ou moet seker ‘n sterk persoonlikheid hê, ek weet nie.

H: So ‘n goeie ondersteuner moet agter homself kyk ook, so ‘n *commitment* tot homself?

A: Ja , van binne, ja, om betrokke te wees daar, maar onbetrokke te raak. Hy gaan nie dat hy betrokke raak daarby nie. Hy’s betrokke by die mense, maar as hy huis toe gaan, dis soos ‘n ou wat heeldag trok ry, maar as hy die trok vanaand stop, het hy niks meer met die trok te doen nie.Maar solank hy met die trok besig is, moet daardie trok versorg word, die trok moet as hy ‘n papwiel kry, moet hy die trok se pap wiel regmaak. En dit is hoe ek voel as ek uitgaan op ‘n geval of as ek hierso kom. Hierdie ou, ek moet hom versorg en hom empatie gee, maar as ek huis toe gaan, moet ek die ou by die SKS los. Ek moet hom nie huis toe vat nie.

H: As ons gaan kyk na die kliënt , die persoon met wie jy werk. Hoe sal jy die profiel beskryf? Kan ons ‘n tipiese kliënt beskryf?

A: Nee, nooit. Never. Jy is stom as jy sien wat se soort en wat se tipe en wat se probleme hiernatoe kom. Dis van als tot *wildeals*, dis van verkragting tot molestering. So jy is nooit seker met wat se geval jy gaan werk nie.

H: Elke gaval is uniek?

A: Is uniek. Soos ek netnou gesê het, elke mens is uniek. Ja wat vir my miskien ‘n ou klippie is, is vir ‘n ander ou ‘n molshoop.

H: Persepsies en verwagtinge verskil?

A: Die verwysingsraamwerk verskil

H: Dit klink nou vir my asof hierdie werk vreeslik kompleks is. En as ons nou so daana kyk, kan ons sê daar is geen vaste raamwerk wat ons kan gebruik om ons kliënte te beskryf nie?

A: Ja, ek sou sê daar is nie.Ek persoonlik vat elke ou op meriete soos hy inkom so behandel ek hom. Ek luister sy storie en ek gee nooit raad nie, want ek is nie ‘n berader nie…

H: As ‘n ondersteuner die krisisintervensie dienste verrig, wat doen hy / sy?

A: Ek werk graag met prentjies, want ek is visueel, glo ek kan ‘n ou baie beter doen. As ek agterkom dis ‘n verhoudingprobleem, sal ek vir hom ‘n verhoudingswiel maak. So ek trek ‘n ronde kring, ek trek sy ma en pa en ek sit in die middel ‘n ronde kringetjie en ek gee nou soos ‘n wiel speke en ek gee elke speek ‘n naam. Hy kan nou besluit, my ma en pa is baie belangrik. Ma gee liefde en, pa gee waarde. Onder sit ek self en bo sit ek gewoonlik ‘n kolletjie. Dit maak nie saak watter ras, kleur. Dan moet hulle vir hulle self ook punte gee van 0 af tot by 10. Wat vir my interessant is, as jy dit doen, as jy met ‘n verhoudingsprobleem werk. Ek het nou die afgelope tyd met ‘n verhoudingsprobleem gewerk. Ek het met die seun en die pa gewerk, maar die pa het met drie weke na die seun hier was. Die eerste ding wat ek met die seun gedoen het, ek het vir hom ‘n verhoudingswiel

gegee. Drie weke later toe sien ek die pa. Toe gee ek hom ook ‘n verhoudingswiel. Toe ek hulle langs mekaar hou het hulle altwee vir mekaar ‘n 2 gegee. Die pa het die kind se naam ‘n R gesit en ‘n groot ronde kring om die seun se naam gesit. Die seun het vir my onmiddellik gesê “daar’s hy”. So jy weet onmiddelik waar is sy pynplek. En wanneer jy by die pynplek kom, wanneer jy met die pa werk, toe weet ek hy het nooit waarde by sy pa gekry nie. So hy weet nie hoe om waarde vir sy kinders te gee nie. Ons het mos almal waarde nodig , plek in posisie nodig. Liefde, waarde, plek in posisie, ons het dit nodig. Ons moet weet waar pas ek in die gesin in. Ek vra altyd vir hulle, hoeveelste kind is jy? As dit nou huweliksprobleme is, ek doen dieselfde daarmee, want dan weet ek presies of die vrou die pynplek is en of die ma of die pa die pynplek is. Want as jy gaan soek daarna, dan kom jy gewoonlik uit waar die pynplek is.

H: Jy doen eers ‘n evaluering, kry die *pynplek* en beweeg dan aan?

A: Want weet jy, baie keer het hulle ‘n wavrag vol stories voor hulle regtig by die regte pyn uitkom. So wanneer jy nou dit gedoen het en jy kom vra vir hom, Hoekom sal jy sê, wat is die rede, hoekom gee jy vir pa 0 uit 10. En dan gaan ek vir jou vertel en dan vra ek hoekom gee jy vir ma 0. Hoekom gee jy jou vrou, wat doen jou vrou dat jy haar so min gee? Hoekom gee jy jouself so min? Jy weet, ja, ek doen ‘n evaluering. Ek luister hulle storie, maar dan sê ek kom ons kyk.

H: As ek jou nou reg volg, begin jy met ‘n evaluering, vind die *pynplek* en fokus dan op die storie agter elke persoon sowel as die storie agter elke *pynplek*?

A: Ja, want ek meen, jy sal verbaas wees wat sit hulle alles daarin, net deur dit uit te vind kan jy daardie hele ou se opvoeding, sy verwysingsraamwerk, sy alles is in daardie ding vasgevat.

H: Jy vind die storie agter die storie?

A: Ja dis vir my belangrik, want daars baie ander maniere, maar soos ek sê ek teken prentjies ek wys hulle, jy het primêre emosies, jy het sekondêre emosies. Jou sekondêre emosies is altyd jou leë emosie. Jou primêre een is die een wat

onder lê, wat wag om te ontplof. Wat het veroorsaak, watter sintuig het veroorsaak. Ek wys vir hulle die 6 sintuie, ek teken dit , jou oë, jou neus, jou ore en ek sê vir hom dit gaan daar in en dit gaan lê in jou onderbewussyn, en as dit daar lê, dan lê dit en muf. Die onderbewussyn ken nie die verskil tussen waarheid en leuen nie. Ek sê dit vir hom en dan sê ek. Weet jy wat, en as daadie trigger getrigger word gaan jy dit of dit of dit ervaar. Dit kom net oor soos ‘n rekenaar. Jy druk daardie knoppie en hy gaan haal hom daar by die moederbord en hy wys hom op die skerm. Presies dit gebeur met ons in tye van krisis.

H: So as jy agter die storie kom, verstaan jy die klient beter en kan dan die gedrag nagelang van die verwysingsraamwerk normaliseer?

A: Ja, ek probeer om vir hulle te wys hoekom hulle so optree of vir die persoon wat voor my sit en sê my man het my geslaan. Ek vra vir haar, kom jy uit ‘n ouerhuis waar jou pa jou ma geslaan het? Want, ek kan nie die dame se naam onthou nie, maar daar is ‘n dame in Engeland wat dertig jaar navorsing gedoen het oor judgement of expectancy. Van die tou wat jy vasmaak om jou nek. Jy maak die tou vas om jou nek, as jou pa gedrink het maak jy die tou vas om jou nek en die tou om jou pa en hy gaan jou hele lewe lank met jou saam. En wat se gedrag jy met jou huwelik maak as jy uit ‘n ouershuis uit kom waar daar drankmisbruik was, maar gewoonlik tree jy so op. Jy sal ondervind, jy het al hoeveel keer gevalle gehad. Die ou trou, dan drink hy nie ‘n druppel nie. Hy trou met hierdie vrou en ‘n paar jaar later is hy ‘n alkoholis. Wat trigger dit.

H: Almal vat sy eie tou saam?

A: Daardie tou wat hy met hom saamgevat het, of die tou wat sy saamgedra het van haar ouerhuis af. So sy tree so op, dat hy dalk moet gaan drink, want dis al wat sy verstaan en ken uit haar kinderdae, uit haar verwysingsraamwerk. So dis nie net as ons hulle hier help is dit ‘n vinnige kuur nie. Ek probeer hulle help om by die pyn uit te kom wat die oorsaak is. Maar dis moeilik, want ons mag hulle net 6 keer sien en dan moet jy hulle verwys en om hulle te verwys na iemand toe, moet jy weet die een wat die werk wat jy 6 weke lank gedoen het glad nie verstaan nie. Dit maak nie sin nie. Maar ons kan nie ‘n jaar lank met ‘n ou sit nie.

Ek meen, ons het nie die hande nie, ons het nie die tyd nie, ons het nie die manskappe nie. Dan gaan jy met 24 op ‘n dag hier sit met ‘n spreekkamer, so ja dit is moeilik.

H: As ek jou nou reg verstaan werk jy vanaf die aanname: Jy doen wat jy weet wat om te doen en as jy beter weet, gaan jy beter doen.

A: Ja, want jy kan nie met ou hier voor jou sit en jy weet nie sy agtergrond so bietjie, so klein bietjie nie. Partykeer, jy spring in en jy hoor hierdie ongelooflike storie. Ek het eendag vir iemand gesê ek het amper van die stoel afgeval toe ek hoor wat hulle sê. Ek is nie sulke goed gewoond nie, maar jy moet maak of jy dit elke dag ‘n normale ding is wat jy hoor hier by die sentrum. En dis niks snaaks nie, jy gaan net aan. So jy moet jou “pose” kan hou. Soos ek eendag vir my vriendin gesê het, jy moet net nooit vir ‘n kliënt lag nie. Want jy weet dis waar. Ek het agtergekom dat wanneer jy ‘n kliënt voor jou het en hy is in hierdie verskriklike gespanne toestand en jy sê iets en jy kan die humor daaragter agterkom en jy kan saam met hom lag, want dan maak dit dit soveel makliker, want dan ontspan hy. En as ‘n ou ontspanne is, dan praat hy bae makliker as wanneer hy gespanne is. Dit is dan asof hy nie die woorde kan inspan nie. Dis asof dit verkeerd uitkom elke keer. Om sy aggressie dan uit te kry, maak dan net ‘n opmerking of sê net iets dat hy kan ontspan.

H: Ek dink nou aan wat ons vroeër gesê het, al die kliënte praat vanuit hul eie verwysingsraamwerk. Dit klink asof jy baie kreatief is in daardie mileue om die verwysingsraamwerk te reframe en sodoende vir hulle ‘n nuwe stel oë gee om na die probleem te kyk…

A: Ja, mens moet dit doen. As ek nou vat die afgelope tyd se huweliks ouens wat ek het. Ek het nou twee mans wat basies huweliksprobleme het. Nou kyk ek na die verwysingsraamwerk van die een ou. Weet jy, die ou het nie grense nie, hy het glad nie grense nie. Ek dink as ek vir hom sê teken grense, dan gaan hy dit so wyd soos die Heer se genade dit teken, terwyl hy met ‘n vrou getroud is wat so eng is. Haar grense is so toe. As jy nie ‘n middeweg by hulle huwelik voeg nie, gaan hulle dit nie maak nie. Die ander ou, het doodgewoon normale grense,

maar die dame met wie hy getroud is het glad nie grense nie. Wanneer jy vir hulle wys, weet jy wat, ‘n ou moet grense hê. Jy verduidelik vir hulle, wat is grense. Vertel my van jou ouerhuis, sê my hoe het dit daar gegaan? Wat het pa gedoen? Wat het ma gedoen? Dan kry jy mos ‘n goeie prentjie. Dan kry jy vinnig ‘n prentjie. Dis hoekom onderwysers sê hulle weet alles wat by die huis aangaan, want onthou, ‘n kind kyk met ‘n kind se oë. Ek het nou iemand gesien, baie emosioneel. Dat die persoon op 13 opgehou groei het. Die liggaam word groot, emosioneel bly hy klein. En dis waar die trauma plaasgevind het.

H: Hoe suksesvol sal jy sê is hierdie benadering? Werk dit wat jy doen?

A: Ja, ek het baie sukses gehad met jong mense wat probeer selfmoord pleeg het.Wat vandag wonderlike gelukkige mense is. Hier in die sentrum is ek nou 5 weke met 2 persone besig, gelyktydig besig. Die een sien ek Maandag 6 uur en die ander een 7 uur. Altwee introverte, altwee moordende sessies, jy kry niks uit hulle uit nie. Na vyf weke maak hierdie mense oop en hulle begin praat, maar dit is 5 weke, nou moet ek my 6 de week stop. En nou begin ek besef, ons is by die pynplekke verby, ons is by al daardie goeters verby. En nou kom hulle eers by hierdie innerlike, hierdie pyn, die seer vir hulle uithaal. Die emosie wat amper vir hulle te seer is om oor te praat. So ja, ek dink mens kan sukses hê as jy ‘n passie het om saam met die ou te werk en te sê, weet jy wat, daar is nie ‘n goue middeweg nie. Daar is een manier en dit is keuses. En ek kan jou leer hoe om die keuses te maak. Ek kan jou die tools gee om te weet. Ek meen, ek is ‘n ma. As my kind inkom of my kleinkind inkom en hy het van die fiets afgeval, wat doen ek? Ek gryp hom ek druk hom ek soen hom, ek vat pleister, ek maak die wond skoon, ek sit pleistertjie op. Ek druk hom vas ek droog sy trane af. Wat maak ons met ouens wat seer het binnekant? Ons moet eintlik eers daardie seer oopmaak, dat die wond skoon kan kom, sodat jy daarna kan pleister opsit. Dit help nie jy gaan plak net ‘n pleister bo-op nie. Jy moet hom skoonmaak.

H: Voel jy dit is ‘n beperking om hulle net 6 weke te laat sien?

A: Ja, ek dink ons moet op meriete werk. Ons moet sake op meriete sien. As die ondersteuner bereid is om bietjie verder te loop en sê gee hom nog ‘n maand of

nog 6 weke. Daarna, ek meen 12 weke, daarna kan jy darem vir die ou tools gegee het hoe om te gaan lewe, hoe om te funksioneer wat in sy verwysingsraamwerk pas. Nie noodwendig in myne nie, maar wat in syne pas. Jy kan nie een ou dieselfde behandel as ander nie. Dit het ek baie gou besef. Ek sê ‘n mens leef of wit of swart. Maar as jy ‘n counsellor is of ‘n berader of ‘n terapeut, dan moet jy besef daar is grys areas, daar’s baie grys areas. Om in daardie grys areas te probeer, om vir die ou te sê, daar is ‘n wit kant en daar is ‘n swart kant. Ons kyk watter middeweg waarin jy pas. Jy gee vir hom tools. En ek persoonlik, as ek begin stres weet ek onmiddelik, want dan begin ek besluiteloos raak en omdat ek myself begin leer ken het, geweet het as ek gestres is, kan ek nie straight dink nie, ek is tranerig, ja, daar is baie ander goed dis my hoofemosies. Ek staan voor die kas en ek weet nie wat se klere om aan te trek nie.Dan weet ek ek het stres, dan weet ek ek moet myself versorg. Maw ek moet gaan sit, en ek moet sê wat is dit wat my pyn gee, wat my seermaak of wat ook al en ek moet dit verwerk.

H: Wat sal jy se is die impak van ‘n kliënt se krisis op jou?

A: Goed. Ek dink omdat ek ‘n persoon is wat altyd meer positief is, ek is nie ‘n negatiewe persoon nie, dink ek dit het nie so ‘n impak, wat dit miskien op party mense sal hê nie. Ek kan wel voel as ek by ‘n, sê nou maar, ‘n gewapende roof was, of by selfmoord of by wat ook al, en jy het met hierdie mense gewerk, en jy het al hierdie seer en jy weet eintlik nou, dood is dood, dan kan jy voel agterna, jy weet, ek het so bietjie stres. Ek probeer om nooit ‘n emosionele asblik te hê nie. Gelukkig ek en van die ondersteuners praat baie. As ek nou voel, nou wil ek bietjie myself ontlont, dan bel ek haar en sê, ek wil bietjie met jou praat. Dan sal ek bietjie met haar praat. So ja, ek dink dis nodig dat ons met mekaat moet praat oor ‘n geval. Dis lekker noudat ons twee-twee werk, dan kan jy agterna sê, maar weet jy wat, Ek het nou met die ou dit en dit gedoen, maar weet jy wat, ek dink ek moes dit en dit doen.

H: Sal jy se jy doen voorkomingswerk? Keer jy dat jou emosionele asblik vol word?

A: Soos ek sê ek is ‘n positiewe mens, ek kyk nooit na die negatiewe kant. Ja ek raak ook negatief, wat ek geleer het in my lewe benader as jy negatief is nie. Jy kry mos net party mense, hy staan negatief op, hy gaan slaap negatief. Niks wat gebeur is goed nie, alles is verkeerd. Ek is nie so mens nie. So as ek hier kom en ek het ‘n ou wat baie moeilik is, en hy is nou rerig moeilik en dis ‘n moeilike geval, dan voel ‘n mens dit. Dit gaan sit so op my skouers. Dan gaan ontspan ek net op die bed en ek sê vir myself, weet jy, ek kan nie dat dit my as persoon raak nie. Want ek is net daar vir hom, maw ek gaan nie dat my kliënt my misbruik nie. Dis wat dr Pixie mos altyd sê, jy moet nie dat hulle weet waar jy bly nie, want dit kan ‘n groot probleem veroorsaak.

H: Die kliënt sit hier voor jou. Hy het ‘n krisis. Is jy van die oortuiging dat daar gevaar uit die geleentheid vir hom bestaan? Fokus jy op die negatiewe? Dink jy daar’s ‘n positiewe daarbinne?

A: Weet jy, nee, ek dink as ‘n kliënt voor jou sit. Kom ek gebruik nou die voorbeeld wat ek Maandagaand gehad het van die ou wat hier buite rond gespring het en tekere gegaan het. My kliëntjie was nog by my en my kliëntjie is ‘n seun wat uit ‘n ouershuis uit kom waar daar baie aggressie is. So hy is van kleins af in hierdie huis en ek kon glad nie met hom klaarmaak nie. Want ek het onmiddelik gesien die “commotion” hier buitekant, sy senuwees is op. Ek het vir hom gesê, bel nou maar jou ma dat sy jou kom haal. Ek het saam met hom gestap tot by die hek.

Die persoon het by die hek gestaan en ek het gesien hierdie man is in ‘n verskriklike toestand. Ek het vir hom gesê “wil jy nie inkom en met my kom praat nie?” En hy het ingekom en met my kom praat, maar hy is in ‘n verskriklike toestand en hy het baie gehuil en hy het gesê dis nie meer die moeite werd om te leef nie en ek het besef, weet jy, ek moet vir hierdie ou iets gee om positief te bly. Ek het vir hom gesê dis nie die einde van die wêreld nie, wat nou met jou gebeur het nie. Dis nie lekker nie, dis nie lekker om te ervaar daar is probleme in jou huwelik nie. Maar kom ons kyk na die positiewe. Ek het gesê ek sal jou moreoggend help, want ek weet jy moet hom iets gee, jy moet seker maak dat hy nie iets onverantwoordeliks gaan doen nie. Ek het vir hom gesê, ek bel hom

more 9 uur. Dan gaan ek hoor of jy OK is. Maar is jy OK. Ek het met hom ‘n uur en ‘n half gepraat voor ek gesien het, hy’s kalm, hy’s rustig. Nou kan hy huis toe gaan. En ek het laat hy praat, dat hy gal braak, dat hy praat en praat en praat. Ja, en partykeer is dit nodig dat jy hulle los, dat hulle net dit wat in hulle is uitkry, en vir hulle sê ek is daar vir jou. As jy my nodig kry, bel die sentrum. Ek is beskikbaar, maar moreoggend skakel ek. Dis baie belangrik. As dit in my vermoë is, veral na ‘n selfmoord, ten minste twee keer te bel. Om net te hoor, is die familie OK. Gaan dit oraait. Dis vir my baie belangrik. Soos daai ou ek het gevoel ek moet hom bel. En ek het hom gebel en hy het voor die polisiestasie gestaan en hy was verskriklik opgestres en ek het vir hom gesê gaan in en sê vir hulle Sarie sê, hulle moet net vir my twee pilletjies gee, want ek is opgestres. Ja ek weet wat hy gedoen het was nie reg nie, maar ek gaan hom nie veroordeel nie. Ek was nie by nie, ek was nie by die aanloop nie. ____ het met die vrou gewerk. Ek het met hom gewerk. So ek voel wanneer ons met mense werk, dan gebeur dit net dat, ons moet maar na die positiewe en die negatiewe kyk. Ek probeer hulle eers kalm kry, want party is heeltemal onstabiel as hulle hier inkom, histeries, veral op ‘n selfmoord. Jy kry hulle dat hulle buite beheer is. Ek probeer eers net dat hulle kalm is. As hulle kalm is, kan jy met hulle praat. Dit gaan in elk geval nie in nie. Dit gaan eers more of oormore ingaan. Ek praat uit ondervinding. Toe my man dood is, mense het vir my goed gesê wat ek nou nog nie weet nie. Mense het gebel wat ek nou nog nie kan onthou nie. Want ek weet, as dit ‘n trauma is, gaan dit rêrig nie in nie. Al wat jy doen, jy probeer net daardie persoon kalm kry.

H: Jy stabiliseer hom?

A: Jy stabiliseer nie net nie, met daardie selfmoord nou die dag, toe sit daardie vrou en ruk. Ek sê vir hulle, gee ‘n kombers, sy het skok. Maak haar net warm toe, sodat sy kan warm word en kalm word, dan kan ek met haar praat, want sy hoor nie nou wat ek sê nie en sy hoor nie wat julle sê nie.

Ek dink die meeste ondersteuners gesels te min. As hy sy storie begin vertel dan is hy so negatief. Ek probeer altyd as hy so negatief is, om hom by die positiewe te kry. Ek kan nie die ou hier laat uitstap en hy is nog negatief nie, want dis

wanneer hulle onverantwoordelike goed doen. So, ek probeer hom positief kry. Ek probeer vir hom sê, weet jy wat. Dis nie die end van die wêreld nie. Daar's baie erger dinge wat kan gebeur. Dis erg wat met jou gebeur het. Ek laat hom verstaan, sy probleem is erg. Maar weet jy, kom ons kyk net wat gaan ons omtrent dit doen. Wat gaan ons omtrent daardie negatiweteit wat nou gebeur het. Jy moet hom kry dat hy positief luister.

H: Die einddoel is positiwiteit. Ek gaan net daar kom, deur die negatiewe te verstaan en daar deur te werk?

A: Jy moet deur dit werk. Jy moet deur dit gaan. Dis hoekom ek sê, ek teken vir hulle prentjies.Ek sit daar. Ek luister eers na die storie en dan begin ek. Ek laat hulle prentjie teken. Ek verduidelik vir hulle. Dis 'n emosie wat jy maak. En ek gee vir hulle daardie emosie prentjies. Ek het so A4 met al die emosies op.Dan sê ek vir hulle wat ervaar hulle. Ons Afrikaanse mense is baie woord-arm. Ons weet nie regtig nie. En as jy hierdie prentjies voor jou het, dis wonderlik. En as ek met hulle werk ook. Ek gee vir hulle so emosieprentjie huis toe. Elke dag moet hulle vir my neerskry watter emosies hulle het. Dis deel van hulle huiswerk. Sodat wanneer hulle dan by my kom dan sê ek. Hoor hier, wat het daardie een getrigger.

H: Sê my _____ wat van die ander rolspelers, behalwe die SKS wat hier kliënte bystaan in hulle genesingsproses?

A: Nee ek dink nie daar is regtig nie. Ondersteuningsisteme, baie sleg in SA. Daar is bitter min regtige families. Ja daar is mense. Jy kry mense wat regtig 'n baie goeie ondersteuningsisteem het. Daar is mense wat glad nie 'n ondersteuningsisteem het nie.

Dis my ervaring. Daar is regtig partykeer mense wat regtig nie ondersteuning het nie. Daar was geen sisteem nie. Daar was geen ondersteuningsisteem nie.

H: Sê my wat beskou jy as die SKS se sterk punte.

A: Die feit dat hy 24 uur per dag oop is. Die ander ding is dat… Ek ken nou nie die ondersteuners so baie goed nie, van die nuwes nie. Net ‘n paar van die oues. Ek was nou mos ‘n rukkie weg. Dit is vir my belangrik dat die ouens weet dat as jy hier is. Wel ek kry nie baie tyd nie, maar ek probeer altyd deur die gevalle kyk. Ek probeer dit onthou, vernaam die mense met wie ek werk. Ek skryf dit in my dagboek. Ek probeer dit onthou, want daar’s altyd iemand wat terugkom. Ja dit is belangrik dat jy jou gevalle moet onthou.

Ons is daar en dis verniet. Die mense kan nie in hierdie lewe glo dat iemand iets verniet vir jou doen nie. Jy weet ek het al mense gehad wat vir my gesê het, Kan ek jou nie betaal nie. Dan sê ek, ek wil nie geld hê nie. Dan sê hulle maar hoe kan jy dit doen. Maar dan sê ek, dis my deel wat ek wil doen vir die gemeenskap. Dis net vir my jammer dat so min mense betrokke is, dat daar nie nog plekke soos hierdie in ons land is nie. Want ek dink daar’s ‘n verskriklike leemte.

H: Sal jy se die gratis diens dra by tot daartoe dat kliënte se vertroue indie wêreld daarbuite herstel word?

A: Ja, dit kan wees, want ek dink baie van hierdie ouens kom hierso, en ek dink die SAPD geniet dit. Dis nie meer so erg op hulle nie. Dit was altyd hulle werk wat daardie ouens op daardie tyd te ondersteun. Dis seker nog daardie ouens anderkant die berg se werk, of in Pta-Noord. Ek weet nie waar is orals sentrums nie. Weet jy, ek dink dis vir hulle wonderlik dat daar iemand is wat daardie huilende, skreeuende, gillende vrou of ma, net van hulle af kan verwyder sodat hulle, hulle werk kan doen. So jy’s basies daar en jy lewer ‘n diens. Dis ‘n onbaatsugtige diens. Jy’s in daardie ou se huis, jy maak koffie, jy dra koffie aan, jy sit net daar, jy hou partykeer net die hand vas, maar dan’s hy uit die SAPD se pad uit en hulle kan met hulle werk aangaan.

Ek ervaar ook die SAPD se ouens is, as jy hulle eers leer ken, op ‘n basis, hulle is so bly as jy daar aankom, dan sê hulle hier’s ons mense nou. Ja, dis asof hulle verlig is. Ek dink hulle werk met baie, baie aaklige goed en as hulle net hierdie families en die pyn en die seer kan uitkry, dat hulle net kan aangaan met hulle werk, want dis so hengse proses altyd by ‘n gewapende roof of by ‘n selfmoord.

Dis ‘n hengse proses waardeur hulle moet gaan voordat daardie lyk eers regtig verwyder kan word. En as jy daar is en jy kan hulle kalm hou en jy kan hulle rustig hou, dis asof die proses dan bietjie vinniger gaan. Dis my ervaring.

H: Wat ek hoor jy sê dat ‘n sterkpunt die samewerking van ander rolspelers om die slagoffer by te staan. Dit dra by tot die groter slagofferbemagtigingsinisiatief?

A: Ja, dis nie net die SKS wat daar is nie, dis asof jy, die mense daar by die stasie, hulle ‘n meer vertroue in het. As ek dink aan die kinderverdrinking wat ek gehad het daar by Bon Accord dam. Ek was in die kerk en ek het uit die kerk uitgestap en ek het onmiddelik gery. Dis toe naby, toe ek daar stilhou, toe stop die insp agter my en hy sê toe vir my. Hoe is dit moontlik dat jy voor my hier is, toe ek die foon neersit, het ek gery. Maar toe sê ek vir hom, ek was nader as jy. Toe sê hy, Sjoe, maar jy’s hier.Maar toe kon ek die ma kalmeer, ek kon die pa, ek kon die oupa wat die kind uit die water gehaal het. Toe sit hy daar. Hy het gesit en ruk van skok. Ek vra vir die ouens daar of hulle nie iets het vir die man nie. Hulle sê nee. Om daar te wees en rescue te gee. Ek het ‘n kombers, want ek ry altyd ‘n kombers saam. Ek het ‘n kombers om sy lyf gesit en gesê, word net warm. Dis asof hulle net baie meer rustiger is as jy daar is.Kyk, dit gaan nie net oor die sentrum nie…ek wens net daar was meer mense wat kon help.

H: Meer mense en meer krisissentrums?

A: Ja, anders kon elke stasie sy eie plek gehad het. Dit sou fantasties gewees het. Maar dan moet jy ouens hê wat passie het, wat nie die ding laat onder gaan nie. Ons doen dit, maar’s nie die regering wat vir ons sê, okay hoor hier.. Ons wil nie geld hê om te werk nie. Ons wil net geld hê om aan te gaan. Wat ek bedoel, jy verstaan wat ek bedoel as ek sê, ons het nie ‘n luukse kamer of iets nodig nie. Ons wil net daar wees. Ons wil ‘n plekkie op ‘n stasie hê, waar ons kan sê ons kan hier werk. Ons kan mense akkomodeer.

H: Wat sou jy sê is die swak punte van die SKS?

A: Ja dis nou ‘n ander ding. Weet jy, op hierdie stadium dink ek nie daar’s iets wat my pla nie. Nie regtig nie. Elke ou moet net sy deel doen en ek dink dis wat op hierdie stadium plaasvind. Elke ou is daar, hy is beskikbaar. Daar’s ‘n mooi samewerking tussen mense. Ek dink nie daar’s iets wat nie saamwerk nie. Ek hou natuurlik niks van die vorms invul nie, maar dis deel van, dis die *shrep* wat jy moet invul. Ons almal kla oor die admin. Ja dis nie ‘n swakpunt nie. Dis ‘n punt wat jy moet doen. Jy moet kan teruggaan op gevalle. Ja, ons het eintlik miskien baie min regte, in die sin van, jy kom op ‘n toneel, alhoewel, die SAP het my nog nooit probleme gegee nie. Hulle is baie bly as jy daar kom. Hulle akkomodeer ons regtig. Ek dink nie, ek glo nie daar’s iets wat kort nie.

H: As ons nou bietjie weg kan beweeg van die swak punte binne die SKS. Jy het nou net genoem bv die regering wat nie geld gee nie. Dink jy dis ‘n swak punt in die sisteem wat op die SKS impakteer?

A: Ja, definitief. Ek meen as jy nie weet waar jou volgende water en ligterekening betaal word nie en ons is hier. Ek voel regtig die regering behoort vir elke stasie so gebou, ‘n kamer in te rig waar daar mense kan vrywillig werk. Dis ‘n swak plek in die sisteem

H: Dalk iets wat oor ‘n lang termyn gaan reggestel word?

A: Ek wonder of dit ooit reggestel gaan word. Die praktiese realiteite word nie raakgesien nie. Dit word nie raakgesien nie. As ek sien, al die plakkerskampe waar die polisie moet werk. As ek net dink aan Grootbrakrivier waar daar elke naweek een of twee doodgesteek word met ‘n mes. Is daar ‘n sisteem, wat daardie mense kan dra, wat vir daardie mense kan sê, weet jy, dis trauma, maar weet jy jy kom deur trauma. Weet jy, dis nou vir jou seer. Kom ons werk daaraan. Daai kinders wat dit sien, wat gewoonlik by is. Is daar iemand daar? Daar’s niemand.

H: Ek dink nou wat jy vroeër gepraat het van as jy hierdie werk doen, moet jy regtig lief wees vir mense. Dink jy dit ontbreek in die groter sisteem?

A: Ja dit ontbreek. Waaroor gaan dit? Dit gaan oor geld. Of ons nou daarvan wil weet of nie. Dis die wortel van alle kwaad. Daar's mense wat nie 'n stukkie ding sal doen as hy nie betaling kry nie. Om dit uit mense se koppe uit te kry, om te sê, weet jy wat. Mens werk nie altyd vir geld nie. Jy moet gaan somtyds waar jou passie is. Mense is belangrik. Want wat jy vandag insit, insaai, gaan jy later maai.

H: As ons kyk na die groter sisteem?

A: Ja, na die groter sisteem, as ons geld kon kry, kan jy dink. Ons kon op elke stasie so plek begin. Ek meen jy hoef nie honderd te hê nie, al begin hulle net met 5 van die oggend tot die aand van 8 tot 5. Daar's net 5 mense of 6 mense wat werk. Ja dan kan dit werk.

Daar's nie nou geld nie, maar later kan daar dalk vir hierdie ouens voorsiening gemaak word.

H: Dit wat jy nou van praat, jy sê, wat ontbreek in die groter sisteem, tog is dit iets wat by die SKS geïmplimenteer word sonder die geld., die fininsiële ondersteuning. Wat sal jy sê is die kritiese suksesfaktore aanwesig by die SKS wat dit toelaat.

A: Ek dink die bestuur en die sentrum se dryfkrag. Dis absoluut vir my finominaal. En ek dink dis wat ontbreek. Daar moet meer mense wees wat sê, hoor hier, weet jy, dit moet werk. Maar dan moet jy alles insit.

H: 'n Sterk leier en volgelinge?

A: Ja, 'n sterk leier. Dis wat hulle nodig het. Mense wat sê, ons gaan hierdie plek begin al is dit net ek wat werk. Ja, jy kan nie alles alleen doen nie. Dit is waar. Die sentrum bestaan nie net uit een persoon nie. Daar is 'n klomp mense wat daar werk, ja maar, 'n sterk leier is baie nodig.

H: Enige ander faktore?

A: Ek dink, die stasiebevelvoerder moet jou goedgesind wees. As hy jou goedgesind is, kyk, sal sy manskappe, sy troepe wat agter hom staan, jou goedgesind wees.

H: ‘n Sterk leier wat kan netwerk?

A: Ja, en ek dink die ander ding as dit, as ek net dink aan die polisie, hoeveel probleme hulle het. Die stresfaktore wat hulle het. Dat hulle meer vrymoedigheid sal hê om na die SKS te kom en sê, hoor hier. Ek het vandag ‘n probleem. Weet jy wat, wat ek vroeër gesê het, wat vir my ‘n klippie is, is vir ‘n ander ou ‘n molshoop.en dit is die groot probleem.

H: Sê my, die SKS bestaan nou al vir 7 jaar en as ons nou die misie stelling as kriteria neem, sou jy sê die SKS was suksesvol hierdie afgelope 7 jaar?

A: Ja, ek dink so. Ek sou sê ja, toe die Kolonade ingeval het, ja, ons was daar. Die ouens was daar, ek was met vakansie. Motorongelukke, dink ek, dis die metropolisie wat die meeste daarna kyk, ek dink nie hulle stel belang om ons daar te gebruik nie, wat vir my sleg is, want ek voel, jy kan net so goeie diens daar lewer as wat jy by ‘n gewapende roof lewer. Miskien ook dat ons saam met hulle werk, want daardie ou wat daar op die ongelukstoneel is, is ook getraumatiseer. En dit is een ding, ja, by die ongelukke het ons nie so sukses daar behaal nie, want die ongelukke val onder ‘n ander groep mense. Dit val onder die metropolisie eintlik.

H: Wat sal jy daardie gebrek aan sukses aan toeskryf?

A: Ek dink dat hulle nie bewus is dat ons beskikbaar is nie. Ek meen die stasieouens weet al, want ons het ‘n bordjie op in die stasie, wat sê hierdie ou is op diens. As hulle ‘n gewapende roof het, hulle bel stasie en sê bel hierdie een. Die stasie bel jou. Jy ry onmiddelik jy gaan na daardie adres toe. As daar ‘n ongeluk is, is dit dieselfde ding, nee, die Metropolisie gaan gewoonlik uit. Ek weet nie of ek reg is nie. Hulle het nie die info nie, hulle werk nie so nou saam

nie. So, dit voel vir my of die polisie en die metropolisie twee verskillende goed is.

H: So, wat ek hoor is dat die gevalle waar daar goeie netwerke in plek is tussen die SKS en die polisie, die SKS ook meer suksesvol is?

A: Ja dit val, a.g.v. daardie krisis. Maar ek moet sê, ek ondervind regtig waar, met die stasie se ouens, as jy dat hulle jou bel en dat jy uitgaan, hulle is so dankbaar as jy daar kom. Soos ek sê jy kan hulle help, jy kyk na die mense en jy, al is jy nou net daar vir hulle. Jy kan in elk geval nie die ouens daar… Jy moet hulle die volgende dag weer sien.

H: SKS fokus dan op die emosionele behoeftes van die slagoffer, terwyl die polisie op ander behoeftes beklemtoon?

A: Ja ek kan sê dit het ons geslaag. Ek weet nie hoe werk die ander ouens op hulle sake nie. Ek sou graag saam met ander ouens sou uitgaan. Saam met ander mense wat uitgeroep word. Net om te sien hoe werk hulle, nie om teen hulle te werk nie, om saam met hulle te werk. Om te sê, ek is beskikbaar, kan ek saam met Jan, of Piet of Koos of Klaas of wat ook al. Ek gee nie om nie, bel my, ek sal saam met jou uitgaan. Net om te sien hoe benader hy die mense. Elkeen van ons het ‘n ander manier.

Jy leer baie by ander ouens en die manier waarop ‘n ander ou werk, sê vir jou baie. Dis interessant. Daardie een selfmoord wat ons in Doornpoort gehad het, was ons drie op die toneel, ek en ____ en _____. Ek weet presies hoe ____ werk. Ek het al saam met haar gewerk en dit maak sin, want ons werk mos in ‘n span. Soos wat ek nou die dag daardie selfmoord gehad het, wanneer die mense te veel is, bel en sê, kry vir my iemand, ek kan nie allenig hier werk nie. Om te erken, hier’s te veel mense, kom help. Om dit nie vir jouself te hou nie, om te sê, kom help my. Ek is alleen, maar ek het hulp nodig.

H: Dit klink asof jy sê, die SKS is suksesvol agv ‘n klomp passievolle mense wat lief is vir mense en dan saam werk.

A: Wat bereid is, as jy bel, is hulle daar.

H: Enige laaste gedagtes?

A: Ag nee, ek wil vir jou sê dis vir my baie interessant. Ek is lief vir mense. Dit kan ook ‘n nadeel inhou. Dit kan ons lewe raak. Dit moenie. Jy moet jou grense inhou. Dit moet nie jou huis word nie. Jy moet dit doen en teruggaan huis toe. So jy moet uit jou trok uit klim en huis toe gaan. Tot moreoggend, nurse jy hom weer verder. Jy moet nie so betrokke raak, dat niks anderster meer saak maak nie. Dis net met jou huweliksprobleem ouens, jou verkragters, molesteerders en jou. Dit raak ‘n bose.. ek dink jy verloor later self visie as jy net met daardie tipe ou werk. Dis amper soos om jou werk by die werk te los en dan huis toe te gaan. Dis belangrik.

Interview 5

H: More _____. Dankie vir jou bereidwilligheid om deel te vorm van hierdie navorsingsprojek. Ek het verneem dat jy deur die uitnodigingsbrief gelees het en dat jy die reelings aanvaarbaar vind. Dit vir my belangrik om te noem dat alles wat jy vandag sê as anoniem hanteer sal word. Indien daar enige vra is wat jy wil oorslaan, sê gerus so. Indien jy wil oorgaan na 'n volgende vraag of later weer terug kom na 'n vraag toe is dit reg of selfs aan die einde van ons gesprek, as daar iets is wat jy wil skraap, is jy weer as welkom om dit te doen. Ek is nie vandag hier om te oordeel of jy reg of verkeerd is nie, want daar is geen reg of verkeerde antwoorde nie.Die studie is eksplorerend van aard m.a.w. ek wil uitvind wat jy in die praktyk geleer.

A: Dis reg.

H: So _____ hoeveel jaar is jy nou al in die sentrum?

A: Seker nou al omtrent so vyf jaar.

H: Nou ek is seker daarvan dat in hierdie vyf jaar het jy baie dinge geleer het by die sentrum?

A: Absoluut.

H: En ek is seker daarvan dat jy 'n groot of 'n belangrike storie om te vertel en 'n bydrae te maak op mbt die studie...wat kan jy met my deel hieromtrent?

A: Weet jy, wat ek agtergekom het, is dat ons lewe in 'n samelewing wat baie geïsolleerd is. Die gesinne is baie geïsolleerd van mekaar. Daar is nie die nodige ondersteuningsnetwerke vir die mense daar buite nie, en dit raak almal. Dit raak die armoediges. Dit raak die welaf mense. Almal het probleme. En dit is vir my hartseer dat ons samelewing so selfgesentreerd is dat ons nie meer uitreik na ander mense om hulp te verleen nie. Ja, so dis 'n konteks van trauma en probleme. Dit raak alle klasse van die samelewing.

H: Dink jy die SKS speel ‘n belangrike rol met die uitreikings en ondersteunings netwerke?

A: Absoluut. Dit is ‘n groot behoefte. As jy kyk na die wye veld of area’s wat ons dek. Ons het aanvanklik begin net met die Sinovile area, maar ons help mense sover, as ek sien vandag Ermelo, Delmas, daar is ‘n groot behoefte vir meer sulke sentrums. Ja.

H: Sê my, wat sal jy se is die groot sukses faktore van die SKS?

A: Ek dink die groot sukses faktore is die mense se welwillendheid om te help en uit te reik na ander mense. Ek meen nie een van ons kry geld nie, en die satisfaksie wat jy daaruit kry, kan geld in elkgeval nie vir jou terug koop of betaal nie. Dis groei! Jy kan dit nie meet aan geld waarde nie. Ek dink dit. En die feit dat, as jy betrokke raak by so iets kom jy agter hoe groot die behoefte is daar buite en vir jouself as mens is dit ook verrykend en ek dink elke persoon wat ons ondersteun het, gaan hier weg met iets van die SKS wat hy kan bydra op sy manier in die omgewing waarin hy woon. Dit is groei.

H: Jy praat so van die ondersteuners. Vertel my bietjie van jou indrukke van ‘n tipiese SKS ondersteuner?

A: ‘n Persone met baie empatie met die mense en met die wil om mense te help. Ons is nie hier om sielkundige berading te gee nie. Ons ondersteun die mense deur krisisse, trauma en help bydra tot hulle omgewing. En selfs iets ook daaruit te kan kry. Ek voel jou lewe beteken iets meer as jy die dag op staan en werk toe te gaan om daar iets vir ander mense te beteken. Dit is groei as mens. So ek dink nie dis regtig ‘n opoffering nie. Ek dink as jy die dag besluit om by so iets betrokke te raak, raak dit deel van jou persoonlikheid, maar ja, ek dink jy moet baie objektief wees in wat ons doen, want van die gevalle is baie traumaties en as jy nie objektief is nie, kan jy daai traumas jou eie maak en dit saam vat huis toe. Maar ja, mense wat wil iets beteken, nie net vir hulle onmoedelike gesinne en families nie, maar ook vir die omgewing en die samelewing.

H: Wat is die impak van die trauma op jou, as ondersteuner?

A: Weet jy, as ek. Ek is hier om intelektueel ‘n diens in die samelewing te lewer. So, ek is ingestel daarop om subjektief te wees en nie die trauma my eie te maak nie. Maar, daar is gevalle wat dit tog maar `close to home` bied as jy met die mens wil werk en in daai, sulke gevalle, ek het self al ‘n geval gehad wat ek na die tyd self gekom het voor my kliente. So ja, ek dink jy gaan dink oor gevalle as jy huis toe gaan die aand. Jy moet, omdat jy daai mense moet assisteer en behulpsaam wees en die beste manier is om hulle te kan help. Maar dis ‘n verskil om oor die saak te gaan dink en emosioneel daaroor te raak. So ek dink die objektiwiteit van ons ondersteuners is baie belangrik, want anders kan dit jou emosioneel uitbrand.

H: Jy bly objektief...is daar gevalle wat al aan jou geraak het?

A: Ja, daar is.

H: Wil jy my daarvan vertel?

A: Weet jy, dis meeste gevalle wat ek mee kan identifiseer met iets wat in my eie lewe gebeur het en dan ja, dit herroep weer daai ou pyn so jy moet terug gaan huis toe en weer gaan sit en dink oor jou eie pyn en jy weet `back to reality` kom en dan van daar af aangaan en deur jou eie ervaringe en hoe jy jou trauma oorkom het om mense te assisteer op die beste manier wat vir hulle werk.

H: Die SKS se opleiding, supervisie ens, is dit voldoende om ondersteuners by te staan deur hulle trauma wat hulle opdoen deur hulle werk?

A: Weet jy, ja, ek dink nogal ons is goed toegerus met inligting om die mense te kan help. Ek dink net daar is baie fyn lyn daarin om mense te ondersteun en om mense sielkundig te beraad. O ek dink, indien daar ‘n, indien jy nie duidelikheid het nie oor waar daai streep getrek moet word nie, kan sekere ondersteuners dalk probeer om sielkundige berading te doen. So daar is vir my ‘n bietjie van ‘n

onduidelikheid onder van die ondersteuners, want ek dink die stop van die ondersteuners wat probeer om sielkundige berading te doen in plaas daarvan om net die mense te assisteer om die beste hulp moontlik te kry.

H: Se vir my, waar trek jy daai streep?

A: Wanneer ek ‘n persoon assistreer of ek sien mense gewoonlik vir so vier tot ses sessies, dit hang af, en wanneer dit ‘n gewone normale krisis is, dan stel ek moontlike hanteringsmeganismes voor en ons ondersoek sekere aksies wat hulle kan neem en indien dit vir my lyk of die persoon nie daarmee kan uitkom, daai aksies deur te voer nie, of sy probleem is sy daaglikse lewe in so mate omverwerp dat hy heeltemal disfunksioneel raak dan verwys ek hulle.

H: Wat is jou indrukke van tipiese SKS kliente? Wat dink hulle? Wat voel hulle? Hoe tree hulle op?

A: Al die emosies onder die son. Dit is woede, dit is hartseer, dit is ongeloof, huweliksprobleme, kinders wat dwelms gebruik, tienerprobleme, problememet die wyer familiekring, so daar is ‘n wye veld van SKS. Jy kan dit nie regtig onder een koepel sit en se dit is, want elkeen ervaar trauma, dieselfde trauma op ‘n ander manier. Jy kry vier persone in ‘n gesin wat ‘n trauma elkeen anders gaan verwerk. Omdat hulle anders aanmekaar gesit is, verwerk hulle dit anders so hulle gaan anders daaroor voel as wat die ander een, en dit is waar baie van die kommunikasie probleme in gesinne kom is dat hulle nie begrip het vir die feit dat alhoewel julle in dieselfde situasie is interpreteer en jou ervaring van daai situasie is toetaal en al anders as die ou wat langs jou was.

H: Sal jy se daar is enige universele elemente in hierdie mens se optrede?

A: Ja, ja. Dit is, ag, jou gewone reaksies tot trauma hartseer, ontkenning, woede oor wat gebeur het, en dan as die woede oor is begin die aanvaarding en as die aanvaarding weens die integrasie tot daai ervarings wêreld van daar af kan jy vorentoe gaan maar soos jou konsentrasie, slaaploosheid probleme,

eetprobleme en dit kan so erg raak dat dit jou ‘n disfunksionele persoon maak. So ja.

H: Ten spyte van daai universele elemente is alle kliente nog uniek?

A: Absoluut ja, want almal is uniek in jou persoonlikheid en jou kognitiewe vermoëns en hoe jy psigies aanmekaar gesit is, so jou denkprosesse en jou emosies, ek meen party mense is denkers wat ‘n ding rasioneel probeer uitdink, ander mense is met emosies. En ek dink dit is baie belangrik vir die ondersteuners om te bepaal wanneer is mense denkers,want dan werk jy met hulle rasioneel om hulle deur die trauma...wanneer mense emosioneel is om met hulle emosies te werk om hulle deur die trauma te help.

H: Wat doen jy as jy prakties met ’n kliënt werk?

A: Weet jy, luister maar empaties, aanvaar die persoon vir wie en wat hy is, sonder enige vooropgestelde idees, ek het al met mense gewerk wat ‘n ander geloof as ek is, en dis okay, want nêrens is daar ‘n wet wat se my geloof is reg of verkeerd nie, so ek respekteer wie en wat hulle is, hulle oortuigings en luister en dan volgens hulle behoefte ondersoek ons dan wat vir hulle sal werk oor hoe hulle die trauma kan oorkom, want wat jy noodwendig dink vir hulle sal werk is nie, is nie noodwendig wat hulle voel vir hulle gaan werk nie.

H: Klink vir my baie persoon-gesentreerde benadering?

A: Ja absoluut, absoluut.

H: Is dit wat jy doen suksesvol?

A: Oo ja, ek het in al my gevalle nog met baie sukses daar uitgekom. Omdat ek na die persoon luister en die persoon die verantwoordelik gee om sy eie aksies en verskillende metodes van hoe hy dit kan hanteer. Ek gee die verantwoordelikheid vir hom en hy gaan en hy beproef dit en kom terug en se nee dit werk nie en dan

ondersoek ons weer en ons gaan, so ja jy is in daai verantwoordelikheid om vir die kliënt te gee, om sy eie lewe uit te sorteer.

H: Ek sien jy praat van verantwoordelikheid vir die kliënt te gee. Hoe doen jy dit?

A: Wat ek baie doen in my gevalle is wat ons baie keer kry is die kliënte kom hier en se `horie`, hier is my pakkie probleme, sorteer dit vir my uit. So ek maak dit vroeg in die beradingsproses of in die ondersteunersproses maak ek dit duidelik dat ek nie daar is om sy probleem vir hom op te los nie, maar dat ek daar is om saam met hom na moontlike aksies te kyk en hy het die verantwoordelikheid om te gaan beproef wat werk vir hom, wat werk nie vir hom nie. Ek kan wel voorstel maar dit is hy besluit op die einde van die dag.

H: Die verwagtinge word van die begin af duidelik gestel.

A: Duidelik. Duidelik. Ja. Baie duidelik.

H: Is daar ander rolspelers wat ‘n rol speel in hierdie genesingsproses?

A: Ja, families. Ons kry selfs kliënte hier wat reeds by sielkundiges is so en dit is soos wat ek aanvanklik gese het wat vir my so hartseer is, is dat die familie nie altyd besef nie en in so geval, as ek sien ‘n persoon het ‘n behoefte aan daai ondersteunersnetwerk, dan as ek sy toestemming gekry het, het ek ‘n vergadering met sy mees onmiddelike familie en indien dit nodig is hulle na ‘n gesinsberader te verwys.

Ek dink dit daar is ‘n groot behoefte vir gesinsterapie in ouerleiding met al die tienerprobleme wat daar vandag is. Die feit, die wet wat verander het van jy mag nie meer lyfstraf gee nie. Die kinders ruk handuit, want hulle kry nie dissipline by die skool nie en dit maak dit vir die ouers moeilik om die kinders by die huis dan te hanteer, wat dit weer opsigself vir die skool moeilik maak om die kind te hanteer, so daar is maar op hierdie oomblik asof die ouers nie weet regtig meer wat mag hulle en wat hulle nie mag doen nie. So daar is gevalle wat die ouers

se ek kan niks doen nie so nou los ek maar my kind. So ja, ek dink ‘n netwerk vir dwelms, alkohol wat ‘n groot probleem is in ons samelewing vandag, is dit baie belangrik.

H: Watter rol kan jy die SKS sien speel in so ‘n opset?

A: As die middelganger tussen die samelewing en om mense by gesinsberaders, by alkohol, mense wat spesialiseer in substansie, verslawing en daai tipe van goed, ja, en dan deur die hele proses nog steeds ‘n emosionele ondersteuning aan die mense te bied.

H: Wat beskou jy as die SKS se sterk punte?

A: Ons personeel en ons lojaliteit teenoor die sentrum en teenoor die mense en die konfidensialiteit wat hier heers. Ek dink dit maak die sentrum ‘n groot, dit is wat ons, wat mense tog maak om ander mense na ons toe te verwys. As ons nie daai eienskappe gehad het nie, die vertroulikheid, die respek, dan sou hierdie sentrum gefaal het. Maar ek dink ‘n groot bydrae is die besef van elke ondersteuning, wat is sy verantwoordelikheid of verpligtinge teenoor die sentrum.

H: SKS se swak punte?

A: Soos ek vir jou gese het ek dink daar is sekere ondersteuners wat daar ‘n bietjie onduidelikheid het van waar trek jy die streep in die ondersteunersproses. Wanneer moet jy mense verwys. Jy kan in een of twee sessies, kan ‘n mens bepaal, het daai persoon diepere behandeling nodig of het hy net emosionele ondersteuning en berading nodig. So ek dink dit is vir my ‘n bekommernis op hierdie stadium want ‘n persoon wat probeer om sielkundige berading toe te pas wat nie daarvoor gekwalifiseerd is nie is oneties in die eerste plek en in die tweede plek stel dit ons naam in gedrang want daai mense gaan hier onsukses werk met hulle probleme of hanteringsaksies van die probleem en die woord versprei, so dit kan ons die gemeenskap se vertroue in ons vermoëns ondermyn.

H: Hoe dink jy behoort so iets aan gespreek te word?

A: Opleiding, kennis, doeltreffende opleiding. Ek weet die trauma opleiding en berading en emosionele ondersteuning is, word goed aangespreek en ons kry deurlopend opleiding daar in hoe om mense te hanteer en, maar ek dink daar is ‘n behoefte daaraan om mense, wat ons verantwoordelikhede is en wat is die beperkinge van ons verantwoordelikheid. Want ons is mense uit alle sfere van die omgewing, ons is onderwysers, ons is huisvrouens, ons is professionele mense, en ek dink onder party van die mense is daar onduidelikheid wat dit aan betref.

H: Die SKS se missie stelling lees soos volg: ‘n gemeenskapsgebaseerde emosionele ondersteuningsdiens vir slagoffers van misdaad, ongelukke en krisisse te lewer. Nou as ons tot daai missie stellings as kriteria moet gebruik, sou jy se die SKS was suksesvol in dit wat hy nastreef?

A: Ja absoluut, ja. As jy net kyk na die statistieke van gevalle wat ons al hanteer het en die terugvoer wat ons al in die samelewing gekry het oor die gevalle wat ons hanteer het. Ek dink in elk geval daai missie kan uitgebrei word, want ons ondersteuning is baie meer verrykend as net die punte wat jy daar genoem het, so ja, is meer as suksesvol.

H: Wat dink jy is die kritiese sukses faktore wat bygedra het tot hierdie sukses van die SKS?

A: Ek dink die opleiding, die kennis wat die mense het, en soos ek vir jou gese het die empatie, respek, want dit is respek kweek respek, vertroue kweek vertroue en so dit is hoe dit hoe ons gegroei het en hoe ons, ek meen die gemeenskap, ons kry geld van niemand nie. Ons lewe van fondse. En sou ons onsuksesvol wees in wat ons nastreef, sou dit geen maatskappy ons gefinansier het nie en skenkings gemaak het aan ons nie en die feit dat hulle dit nog steeds doen op ‘n jaarlikse basis, dieselfde maatskappye se vir jou baie meer oor wat hulle dink ons beteken en ons waarde is.

H: Sal jy se die feit dat die SKS nou al sewe jaar oorleef se aanduiding hoekom SKS so suksesvol is?

A: Absoluut, ja.

H: Want dink jy is positief en hoe meer van dit?

A: Wat vir my positief is, is die uitreiking wat ons het na die gemeenskap toe. Ek dink op daai gebied doen ons wat ons kan. Waar ons dalk meer kan doen is om die SKS meer te adverteer sodat dit die mense se ore bereik, want baie van die gevalle wat ons kry is mense wat hoor se, daar is baie mense wat deur trauma gaan waar ‘n paar blokke hiervan af bly en nie weet hier is so iets nie en ‘n jaar daarna dat se, jis, as ek daai tyd geweet het julle is hier so dink ons advertensie van ons dienste kan dalk bietjie meer aandag geniet. Ek weet ons adverteer in die kerk blaaie en daai tipe van goed en ons, daar is gereeld artikels oor ons in die koerante, maar ek dink wat dit aanbetref ons bereik nog nie almal nie.

H: Wat dink jy kort by die SKS?

A: Ons kry baie probleme met ouers met tiener probleme, omdat dit opsigself nie ‘n trauma is nie, is dit in werkende gesinspraktyke en net bietjie meer kennis oor dit en hoe om dit te hanteer. Huweliksprobleme, daai tipe van goed. Dit is waar dit vir my inkom. Ons weet presier waar om die streep te trek waar dit trauma, ongelukke, slagoffers van geweld, krisisse aan betref om mense te verwys. En dis juis, soos wat ek nou-nou gese het, waar die skeidslyn kom van as ‘n ou hier vry kom met, jy kan nie iemand wat ‘n tiener het wat op dwelms is hanteer as ‘n trauma kliënt nie en ek dink dit moet dalk meer aandag aan gegee word. Ek se nie opleiding om dit te kan hanteer nie, maar kennis gee oor wat aan die saak kan jy hanteer en wat kan jy daaraan doen, wat tot voordeel van die kliënt strek.

H: Se nou enige finale gedagtes?

A: Nee ek dink, ek dink die sentrum, wel as ek net vat die impak wat dit op my lewe gehad het, en ek is maar een persoon in hierdie hele omgewing wat daar ..... As jy kyk na die aantal mense, dink ek die sukses van die sentrum hang van sy mense af. En ook die satisfaksie wat jy daaruit kry om vir die samelewing iets te beteken en deur ons uitreiking na die mense toe, het ons ook baie ondersteuners bygekry. Mense wat ons self ondersteun het, wat se, `sjoe` dis ‘n wonderlike ding die. Ek wil ook betrokke raak. So hou ons daai bal aan die rol en ja dit is vir my baie goed maar vir my bietjie van ‘n bekommernis is, is die feit dat dokter Pixie aftree die einde van die jaar. Haar leiers eienskappe het hierdie sentrum aan die rol gehou, dis vir my bietjie bekommernis oor wie gaan oorneem en waar die sukses gaan aangaan is die volgende persoon wat gaan oorneem en sy leierskap vermoëns.

H: Vertel my bietjie, daar is nou paar mense wat vrese uitgespreek het oor Pixie wat gaan aftree. Wat dit jy kan ons doen om te verseker, al verlaat sy die sentrum, dat ons vir die volgende sewe jaar nog steeds suksesvol is? Wat dink jy is nodig?

A: Ek dink dit is elke kliënt se verantwoordelikheid of elke ondersteuner se verantwoordelikheid om te sorg dat hy die bal aan die rol moet hou soos wat daar van hom verwag was in die verlede en vorentoe en om te fokus op prestasies wat jy nog vorentoe kan bereik eerder as om terug te kyk en te dink wat was. So ek dink dokter Pixie alleen sou dit ook nie kon doen nie. So dis nie net sy wat ‘n rol speel in die sukses van die sentrum nie, maar van die mense ook en ek dink daai vrees kan aangespreek word deur mense te laat besef, maar kyk dis elkeen van ons se verantwoordelikheid om die sukses van die sentrum te bepaal en dit hang nie net van een persoon af nie. En spanwerk. Goeie spanwerk en spangees, samewerking. Ja.

H: Enige laaste gedagtes

A: Nee, ek is okay.

H: Dankie.

Interview 6

H: Middag _____. Dankie vir jou bereidwilligheid om deel te vorm van hierdie navorsingsprojek. Ek het verneem dat jy deur die uitnodigingsbrief gelees het en dat jy die reelings aanvaarbaar vind. Voorts is dit vir my belangrik om te noem dat alles wat jy vandag sê anoniem hanteer word. Ook as daar enige vra is wat jy wil oorslaan, sê gerus so. Indien jy wil oorgaan na ‘n volgende vraag of later weer terug kom na ‘n vraag toe is dit reg of selfs aan die einde van ons gesprek, as daar iets is wat jy wil skrap, is jy weer as welkom om dit te doen. Ek is nie vandag hier om te oordeel of jy reg of verkeerd is nie. Soos jy weet, die studie is eksplorerend van aard m.a.w. ek wil uitvind wat jy in die praktyk geleer het. Ook dankie vir jou tyd vanmiddag, ek weet jy het seker ‘n lang dag gehad.

A: Goed so. Dis ‘n plesier.

H: Jy is nou al vir ‘n geruime tyd betrokke by die SKS en ek is seker daarvan jy het ‘n belangrike storie om te vertel en bydrae om te lewer tot die studie; vertel my omtrent jou indrukke en jou belewenisse van die SKS?

A: Ek het, uit die aard van my werk wat ek doen, het ek oorspronklik by dokter Pixie ingekom omdat ek meer ervaring in verskillende fassette moet doen. Jy weet, as jy ’n spreekkamer het, is ‘n mens geneig om op ‘n stadium meer te fokus op een ding, veral as jy jonk begin, jy weet, en hierdie gee vir jou baie meer blootstelling aan goed en omdat ons saam met die polisie werk, jy weet, is dit, word jy makliker toegelaat by veldtonele en so aan. My oogpunt was gewees dan ek wil ervaring optel, ten opsigte van traumatologie en daardie tipe van goed...krisisintervensie en so aan.

Die hele opset hier werk vir my baie goed. Ek weet die ander polisie stasies en so aan wil dit ook so implementeer, en so aan. Ek het ook al met baie mense gepraat toe ek in die Silverton area gewerk het, dat die polisie dit ook tot stand gebring het, maar soos dokter Suko herhaalde

kere gesê het, die polisie ouens het nie die tyd of die mannekrag om so iets te bedryf nie. So dit is nodig om bietjie met vrywilligers te werk.

Wat ek opgetel het in die aansoeke van mense wat gekom het nê, is dat mense, jonges, wil aansoek doen. Daar was op ‘n stadium iemand gewees wat net uit die skool uit was, wat by die sentrum wou kom werk het, en wat ons bietjie bespreek het was dat ‘n mens eintlik voel die tipe van werk, veral as ‘n mens na moordtonele gaan, dit is ‘n bietjie grusaam vir sulke jongmense mag wees. Daai persone is toe verwys na jeugbedienings en by kerklike organisasie en so aan.

Ja, maak nie saak nie, jy weet dit maak nie saak watter ervaring jy het nie, maar elke keer wat jy met iets betrokke raak of ‘n geval kry, is jy, is jy bietjie senuweeagtig, want jy weet nie wat gaan jy kry nie, jy weet nie wie is die persoon wat by jou gaan land sy omstandighede nie. So mens is nogal bietjie senuweeagtig wat goed is, ek dink want ‘n mens moet nie blazei raak nie.

Jy moet nie hier kom sit en dink, wel dit is nou ‘n normale geval nie, want dan gaan jy daai geval op die meriete begin hanteer van ander gevalle. En jy gaan nie werklik na daai persoon luister nie, en sy probleem agterkom en kan help nie. Bv ek het nou al verskeie selfmoorde gehad...beide wa verskillend.

So ek dink is bietjie goed om senuweeagtig te wees. Ek kan baie keer as ek, ek werk hoofsaaklik naweke, en dan baie keer roep die polisie my in sentrum toe vir mense wat hiernatoe kom. So as ek naweke hier kom, dan lees ek gou deur die verslae na die tyd van die week om op hoogte te kan bly en dan gelukkig het jy, van daai boekies byderhand wat vinnig vir jou sê as daar molestering geval is wat jy by die verkragting doen jy dit en so aan. En as jy uitgeroep word na n toneel toe dan weet jy wat om te doen daar.

H: So aanvanklik het jy betrokke geraak vir persoonlike verryking en ondervinding. Tog klink dit of jy baie geleer het in die proses...verder het jy genoem mens moet effe senuweeagtig voel om nie blazei word nie.

A: Definitief. Ja definitief. Want agter elke persoon jy weet elke persoon is uniek en sy probleem is uniek en dit is eintlik, dis vir my baie stimulerend. En wat vir my lekker is, jy weet...ek sal byvoorbeeld by die Hoërskole kom en so aan waar my seun betrokke is en mense wat jy so in die loop van dinge sien, hulle kom groet jou altyd.

Baie waarderend oor wat julle doen en wat die sentrum in totaliteit beteken en so aan. Selfs die predikante as jy hulle kontak op ‘n stadium en so aan sal hulle, hulle sal altyd terugkom, groot waardering vir wat die sentrum doen, ek het net nou die dag gedink ek gaan die predikante begin vra, oor wanneer kry mens n donasie vir die sentrum aangesien ons so waardeer word [laughing].

H: Jy het iets interessant gesê, jy het gesê alle kliënte is uniek...dink jy ‘n mens kan n tipiese SKS kliënt omskryf?

A: Weet jy, die mense wat hier land nê, is mense wat op daai oomblik iemand nodig het. Maak nie saak in watter tipe formaat of of wat het daai persoon beweeg om tot hier te kom nie. Hier’s een geval byvoorbeeld wat ek gedog het ek lees sommer sy verslae deur as ek by ander mense kom en alleenheid, as daai persoon met jou begin praat, dan sien jy totale alleenheid, hy’t net iemand nodig om bietjie mee te kan gesels wat nie veroordelend gaan wees of daai tipe van goed nie. En jy weet, hulle selfwaarde is nie baie goed nie. En daai mense het altyd, hulle het altyd hulp nodig, altyd en weet jy as jy net luister en jy’s daar vir hulle en jy gee hier en daar n bietjie ondersteuning daar, dan gaan hulle sommer weer ‘n gelukkige persoon word.

Omdat ek naweke werk en nie daar in die week kom nie is ek, ek hou daarvan om die mense te bel...veral in baie moeilike gevalle, selfmoorde

– wat ek die familie bel en die geval opvolg. Ek doen dit gewoonlik so, as ek hulle nie sien nie.

Die spesifieke een gesin wat ek hanteer het, het ek in die week kom sien, dan het ek in die aande spesiaal ingekom en hulle kom sien, want hulle wou glad nie deel met iemand anders werk nie...omdat ek op die toneel was...hulle het ‘n band met jou en omdat jy hulle rouste hartseer gesien het en emosie, hulle wil dit nie blootstel sommer enige aan enige iemand anders nie. Jy weet hulle het ‘n absolute band met jou, en dan wat ek doen ek sien hulle, ek kom spesiaal in dan in die weeksaande na sulke mense toe.

Partykeer is dit moeilik vir hulle uit die aard van hulle werk, een spesifieke gesin se seuns werk in KwaZulu-Natal. So, as die seuns opgekom het dan kom hulle Saterdae gekom na my toe, dan kan ek met hulle kan werk en so-aan. Aan die begin dan bel ek hulle een keer n week, dan eenkeer so in twee weke en so speel mens hulle maar, maar enige tyd, hulle bel enige tyd, ek veral in so tipe geval jy weet, sal ek my nommer vir hulle gee en vir hulle sê hoor hier so, as daar ‘n krisis is, iets wat jou bekommer maak, of, bel my.

H: Klink of dit ‘n hegte vertouensband is way jy met jou kliente vorm?

A: Ag dis iets anderste, jy sal dit nie sommer vir enige persoon doen, maar mense wat deur sulke tipe, diep trauma gegaan het jy weet. As iemand jou daai band met hulle het en die vrymoedigheid het, is hulle maklik om met jou te kom praat vir jou of ‘n telefoon op te tel en te sê dit en dit het gebeur of ek reageer so, wat kan ek doen en so-aan.

H: Vertel my bietjie meer van tipiese SKS kliente...

A: Kyk dis mens nê. Mense wil weet hulle behoort. Hulle wil weet, hulle is spesiaal. Hulle wil weet hulle word gewardeer. Hulle het liefde, daai tipe van goed. En as mens fokus op ondersteuning deur daai persoon as

belangrik te laat voel en hom weer sy selfwaarde jy weet te laat besef maar, want almal, almal floreer op dit hulle, hulle sien hulle verhoudinge, hulle sien hulle probleme, dan weet ek nie, die ander dag, hulle vertrou hulleself nie meer nie. Hulle vertrou hulle besluite wat hulle neem nie meer nie. Natuurlik kry jy die geval van mense veral van gesinsgeweld en op ‘n stadium het die ander dag vir mense gesê maar weet julle, julle het totaal en al oor die verkeerde redes gekom, julle moes nooit getrou het nie, want hulle moes nie, hulle moes nie. Hoe kan jy in ‘n prostituut gebied rondry, en jy tel ‘n prostituut en ‘n dwelm junkie op en na die tyd hy hou selfgeregtig en sê, ja maar as jy ‘n Christen word sal ek met jou trou. Jy weet, jy weet daai tipe van goed, dan kan jy verstaan nou maar hoekom vertrou ek mekaar in die huwelik nie. Sulke goed.

H: Sê my as jy nou met ‘n kliënt werk en jy lewer krisis intervensie dienste, wat doen jy?

A: Ek werk op ‘n baie algemene model. Ek noem dit die ABC.

Die eerste een is waar jy vraag en agtergrond kry en so-aan.

Die B is waar jy met die gevoelens en emosies deel en die dinge in perspektief plaas.

En C is altyd om vir hulle weer hoop te gee. En dan af te sluit. Mens moet vir so persoon, voordat hy by jou weggaan moet jy vir daai persoon iets meer gee om aan vas te hou totdat jy hom weer sien, anderste help dit niks
Dit is lang ure. Jy weet jy, jy kan nie met ‘n persoon hier mee praat en sê vir okay, hoor hier so, dit is 20 minute ‘cheers’ nie. Jy kan nie dit doen nie. Jy praat maklik twee, drie ure wat jy met so geval sit om hom net weer rustig te kry en kalm te kry en, en te reël dat mense ‘n oog oor hom hou of om daai tipe struktuur in plek te kry, ja.

Die ander een wat ook lank neem, is as jy uit gaan na die toneel toe, 'n selfmoord toneel, want die polisie se ondersoeke. Ek was een aand uit tot 9 uur die aand en ons was eers half een weg van die toneel af weg. So dit is lank, dis lang ure wat jy dan insit. 'n Mens moet dit besef, jy weet jy kan nie, jy kan jou nie bereid stel om iemand te gaan help om te ondersteun en jy't self iets wat, om nie na terug te gaan nie, en dit nie. Dan moet jy nie betrokke raak nie, want jy sit net te veel druk op die persoon wat betrokke is.

H: Dit was 'n baie lang en intensiewe werk wat jy doen en omdat ek jou bietjie beter ken, weet ek dat jy baie besig is met jou persoonlike en professionele lewe. Hoe impakteer die trauma wat jy hanteer jou?

A: Ja, weet jy dis baie belangrik dat mens moet kan gesels...mens moet iemand hê om daaroor te gesels en so-aan. Ek moet sê, ek was nog gespaar gewees deurdat as ek by 'n selfmoord toneel kom het nie 'n behoefte gehad om te gaan kyk nie, want ek voel hoe meer dat jy gespaar kan bly hoe beter. As jy nie nodig het nie, as jy nie self op die toneel daar gekom het nie, verstaan jy, moet jy dit nie gaan soek nie, want ek glo wel, dat beelde en so-aan bly by jou, jy weet. Dit kom, dit bly by jou en jy moet dit .....uitkry of so iets.

Waar kinders betrokke is of so...dit vat aan jou. En mens moet na die tyd bietjie gaan sit en daaroor dink...wat ek doen baie keer is vir myself, ek skryf my gedagtes en my emosies neer. Jy weet, hoe ek voel, ek kan baie keer as ek met 'n onstellende saak gewerk het, kan ek nie dadelik die verslag skryf nie. Ek het die mense se besonderhede, telefoon nommer, maar ek gaan sit nie dadelik en skryf nie omdat ek te emosioneel betrokke is. Jy is nie op daai oomblik betrokke wanneer die persoon, betrokke bedoel, professioneel betrokke nie, maar wanneer jy alleen is dan, dan dink jy by jouself oor wat gebeur het en so aan. En daarom skryf ek nooit 'n verslag dadelik nie, want dan gaan ek teveel van my eie geskoktheid of my eie emosie in die verslae in bring en, en dan gaan dit nie mooi objektief uitkom nie. So, baie keer dan loop ek en die

volgende dag sal ek die verslag skryf, faks hom deur of kom bêre hom in die leer of so. Maar ek skryf dit nooit dadelik nie van sulke dramatiese gevalle.

H: Dankie vir eerlikheid rondom die emosionele kwessie...

A: Nee, verseker hoor en soos ek sê, ek was gelukkig dat ek nog nie met die selfmoord toneel nodig gehad het om te moes gaan kyk het nie. Ek, ek vra dit ook nie, ook omdat ek nie die polisie wil inhibeer nie, verstaan jy. Ons is leke as jy op die toneel kom, jy kan nie net loop en vat waar jy wil nie so, wat ek doen as ek op die toneel kom dan vra ek die polisie waar's die mense wat ek hanteer, waar mag ons beweeg, jy weet, want, want al is dit n selfmoord is daar 'n ondersoek ook vir moord, want hulle moet dit hanteer en so-aan en hulle kry bewyse, vinger afdrukke en al daai goed...so ek vind uit waar mag die familie beweeg terwyl hulle besig is met hulle ondersoek en so-aan.

En mens gaan soek nie, mens gaan, jy's nie hier omdat jy sensasie wil kry om te gaan kyk hoe lyk iemand wat homself geskiet het nie of hoe lyk iemand wat geskiet is,jy weet. Ek dink nie dis vir enige mens as dit nie nodig is dat jy dit moet sien nie, dan jy daarby verby.

H: Klink vir my of jy jou self beskerm deur altyd te weet wat jou rol is en daarvolgens te handel...

A: Dis belangrik, dis belangrik, ek dink nie 'n ondersteuner moet hier kom omdat hy nuuskierig is nie want dit gaan dit gaan vir jou baie nadelig wees. Regtig waar, en net om hier te kom en te dink, okay maar ek gaan nou kyk hoe lyk, dit is, ag nee, dis onnodig, dis onnodig. As jy dit wil doen kan jy op die internet gaan kyk. Daar is baie sulke goed.

H: Jy praat nou van 'n ondersteuner, 'n ondersteuner wat nie betrokke moet raak omdat hy nuuskierig is nie. Wat sal jy sê is die profiel van 'n tipiese SKS ondersteuner?

A: Dit is baie, dis ‘n baie moeilike vraag om te antwoord. Ek het soos ek sê ek het betrokke geraak omdat ek meer ervaring op verskillende vlakke en aspekte wou opdoen, as net ‘n gewone huweliksprobleme of ‘n tiener wil help met selfbeeld probleme of daai. En ook, in jou spreekkamer kry jy nie elke, veral as jy nuut begin, kry nie elke uur nuwe mense wat na jou toe kom nie, goed en, en hoe beter jy iemand kan help deur jou ervaring wat jy opdoen in die praktyk, nê, so, so in daai lig gesien, was die sentrum vir my die ideale plek om meer ervaring te kom opdoen, nê.

Maar mens moet ook versigting wees, jy weet, as jy praat van verslawing ek het ander dag ‘n boek gelees, jy kry drie soorte verslawings nê. Een is waar jy afhanklik word van dwelms, substansies. Die ander een is waar jy afhanklik word van kos en die ander een is waar jy afhanklik word van verhoudings en, en hy is baie gevaarlik want om ‘n ondersteuner te word omdat jy beter voel as jy iemand anders gehelp het om jou te laat beter voel oor jouself. Dis gevaarlike werk, dis ‘n gevaarlike uitgangspunt. Jy weet wat doen jy, jy weet self die tyd wat ons hier is en so aan daar baie ondersteuners wat kom en so aan. Op die ou einde dan kan hulle dit nie hanteer nie, jammer en, en jy weet dan, dan hou hulle op.

Ek het die ander dag opleiding gedoen met die noodhulp opleiding hier en die een ondersteuner het na my toe gekom en gesê, sy gaan nie CPR doen nie, want sy gaan nie handskoene aantrek nie, want dit maak haar naar. Die reuk van dit. En dadelik het ek besef, maar my bokkie as handskoene jou naar maak wat soek jy by ‘n moord toneel, verstaan jy. As dit is hoe jy reageer. Sy wag fisies bleek gewees net oor daai dat sy handskoene moes aantrek...daai inligting het ek deur gegee na dokter Pixie toe. Ek het vir haar gesê, maar ek weet nie of hierdie persoon bevoeg is om alleen te funksioneer nie. Daar moet iemand saam met die persoon wees en so.

H: Watter tipe persoon verg dit om hier betrokke te raak?

A: Weet jy, sterk is weereens dis ‘n woord. Hoe is ons sterk? Praat ons van fisiese krag of emosioneel. Ek dink die persoon wat kom help nê, moet weet wie is ek, wat is vir my belangrik, verstaan jy. Jy moet sterk wees in jouself. Jy moet verseker wees van jouself. Jy moet nie hier kom staan en se okay ek gaan ander mense help om my beter te laat voel nie, jy weet, want dan is jy nie ‘n heel persoon nie.

H: Verstaan ek reg dat ondersteuners *self-aware* moet wees?

A: Ja, ja jy moet. Jy moet weet wie jy is, wat is vir jou belangrik in die lewe. Wat is jou drome in die lewe, jy weet, want, want op die ou einde nê is dit wat ons staande hou, anderste gaan jy so geboelie word deur hierdie tipe van werk. Jy sal nie kan cope met dit nie en dan sit ons met ‘n ondersteuner wat moet opgeneem word wat baie gebeur met die polisie, hulle word so baie blootgestel aan trauma...ek hoor nou die dag van ‘n...nee, ek het juis daai program gekyk van interface, wat die sielkundige sê...[thinking deeply]...ja, die stasie hoofde moet nou ‘n verslag voltooi van elke personeellid by sy stasie wat aan trauma blootgestel word. Weet jy wat beteken dit? Hy gaan die hele dag net sit en verslae uitvul. Want almal word blootgestel aan trauma. Dis die sisteem. Jy weet, so mens moet jou ondersteuners moet baie versigtig wees. Ek dink ek dink ons is gelukkig hier in die sin van dat meeste van die ondersteuners wat hier is, is bekwaam om dit so uit te noem of uit te druk. Daar is, ek weet nie ek wil my nie te veel uitspreek omdat ek nie werk altyd in die aande saam met iemand of dit nie. Omdat ek relatief alleen werk of so-aan. Maar ek het altyd die vrymoedigheid om mense wat lank hier is of so te bel. Ek het dit aan die begin nogal baie gedoen. Jy weet. Net om , net om die sekerheid te kry om te hoor wat is die proses veral ten opsigte van wetlike aspekte.

H: Mmm...

A: Daai tipe van goed, jy weet. Jy sal bel en jy sal weet hierso is nou ‘n situasie wat in gekom het, molestering en wat moet ek doen, jy weet, en

dan sal ek altyd vir dokter Pixie of vir _____ bel wat in die lyn van hulle, hulle werk wat hulle elke dag doen, jy weet. En luister, jy moet luister wat daai mense sê, want hulle weet en jy bel hulle eenkeer en jy hoor wat hulle sê, jy bel hulle nie aanhoudend nie [smiling].

H: Sê my, dit klink my of daar klomp rolspelers binne in die SKS self is wat help dat dinge vlot verloop - ander ondersteuners. Kom kyk na die groter prentjie toe. As hierdie kliënte voor jou sit, dink jy daar is ander rolspelers wat nou behalwe die SKS wat help met sy genesingsproses?

A: Ja, weet jy, mens moet ‘n ondersteueningsnetwerk hê.

H: ‘n Sosiale ondersteunersnetwerk?

A: Daar moet iemand wees wat daai persoon kan ondersteun. Daar moet en dit is baie belangrik as jy, as jy die een man wat ek gesien het wat so alleen is en uit sy alleenheid begeef hy hom in verhoudinge in wat hy nie in moet wees nie en, en omdat hy ‘n afvlerk voëltjie is, begeef hy hom in verhoudings met ander afvlerk voëltjies en dan wil hy hulle help...om beter te voel...jy weet en daai tipe goed...omdat hy gevorderd in sy jare is en alleen edel is, wil hy, sien hy in elke vriendin wat hy ontmoet ‘n moontlike huweliksmaat en, en dan die verhouding loop of te vinnig dit word te vinnig dat hulle eise stel aan mekaar, daai tipe van goed...vir so ‘n persoon moet jy lei en vir hom sê, maar weet jy wat moet nie in ‘n vaste verhouding ingaan nie...fokus op vriendskap, waar gaan jy vriendskappe kry. Dis mense soos die kerk en so aan...gaan woon bybelstudies en daai tipe van goed by. Laat hulle die ondersteuning daar kry want, want die familie is moeilik omdat hy, hy loseer by sy ma nog en hulle bly saam sy broer op ‘n plot. Die broer is baie selfstandig en hy sien half neer op die ene wat hy as ‘n armsalig sien, jy weet. Ek kan nie vir jou, bly nog by ma en daai tipe van goed, so, so dit is nog nie moontlik om vir hom daardie ondersteuning vir hom in die werklikheid te gee. Jy moet hom help om by ‘n ander plek iets te bereik.

H: Watter rol vervul die SKS in so ‘n persoon se lewe?

A: Weet jy, hy, hy soek partykeer net ‘n oor om na te luister, net sit en luister, omdat hy, weet jy, nê, wat is vir my altyd interessant oor christenskap, ons is so geneig, jy weet ons vertel vir mense hy’s ‘n gospel sanger, die man, hy sing van God se liefde en al so-aan, maar toe hy in ‘n verhouding ingegaan het, hy en die vrou sou trou, maar toe’t hulle bymekaar gebly en toe het die verhouding nie gewerk nie - mekaar ook nie lekker verstaan nie. Toe’t hy hom verskriklik verwyt daar oor, jy weet, en dan, en dan kom jy dan sê jy, maar wat doen jy, as jy gaan sing vir mense asof, waarvan sing jy het van God se liefde. Kom ons probeer dadelik om dit vir mense te vertel. Maar God is dit ‘n dit, dan sê ek maar hoekom pas jy dit nie op jouself nie toe nie. Weet jy, net daai perspektief kry dan, want die mense sit partykeer die pot so mis, veral in die tipe werk!

.

Jy moet vir hulle die opsies gee. Opsies nê. Dis vreemde goed vir hom sê. Partykeer dan is hulle regtigwaar. Ek was in een gesprek gewees waar die man die oggend...sy vrou het uitgeloop...hy wou selfmoord pleeg...natuurlik drank is altyd daar ‘n ding, jy weet...maar toe’s die man se vrou ook daar en hy’t haar reguit, half geintemideer, en gesê, ja maar as jy van my gaan skei dan het ek nie meer rede om te leef nie en, en, en, en...ek het by haar gesit en vir haar gesê jy gaan nie toelaat dat hy jou manipuleer met hierdie bedreigings nie. Want hy, want hy dreig haar af. En dis nonsens, jy weet, geen verhouding kan in elk geval so voortgaan nie, maar jy moet vir hulle die goed in perspektief plaas. Jy weet. Hulle moet perpektief oor die situasie kry!

H: Klink of jy baie eerlik is met kliente?

A: ‘n Mens moet baie versigtig wees met eerlikheid. Kyk jy moet eers die, die kliënt so praat, dat jy hom goed leer ken om te weet wanneer is dit die regte tyd om met hom eerlik te wees...want jy moet, dit help nie om hierdie ou ‘n bol oor die oë te trek nie. Jy moet eerlik wees, maar as hy hier kom

en hy wou homself so pas geskiet het of wat ever, en jy sê dadelik vir hom, maar weet jy wat, eintlik sal ek ook nie met jou getroud wil wees nie want jy is aggressief en jy drink dan, dan gaan dit geen doel dien, so jy moet eers jy moet baie, baie seker wees wanneer moet jy met hom se en, en jy weet as jy met n man en vrou werk wat, wat huismoles het en jy moet altwee eers goed mee praat en seker maak, wat wil daai persoon uit die verhouding hê. En met die ander persoon praat en se wat wil daai persoon hê. En as hulle nie dieselfde wil hê nie...dan moet jy met die een wat verskil praat en sê maar dink jy nie daar kan ander opsies wees nie. Se nou maar die vrou wil getroud bly, maar die man wil skei. Dink jy daar is vir julle hulp vir julle of, of jy weet. Gee eers ander opsies om te kyk en dan is dit op die ou einde lyk dat hulle nie wil nie en hulle is nie bereid om vir huweliksberading of sulke goed nie jy weet. Dan om die ander een in te roep en te sê kyk hierso, maar wat kan gebeur indien daar ‘n egskeiding kom of so.

H: Is dit ‘n probleemoplossings proses wat jy fasiliteer?

A: Ja, ja, ja...met eerlikheid...jy moet baie mooi weet wanneer om vir hulle te wys.

H: Sê my wat dink jy van die ander rolspelers soos die polisie, kerke so?

A: Ja, ek begin eers by kerke, ek het al ‘n paar gevalle gehad wat ek weet dat ‘n predikant...onthou jy kom by mense aan...jy weet nie wat is hulle kerkverband nie, jy weet nie wat is hulle kerk se area nie, okay.

In ‘n spesifieke geval wat ek gehad het, het ek geweet dat die vrou het pille gedrink, sy wou selfmoord pleeg en ek was op daai stadium nog nie seker of sy wel pille gedrink het nie. Ek het op wat sy sê gereageer en ek het nog nie bewyse gehad dat sy pille gedrink het nie. En toe bel ek, want sy’t baie issues gehad rondom die Here het haar verstoot en sy’s ‘n swak Christen en al daai goed. Jy weet, so ek het geredeneer dat die persoon wat haar vrae ten opsigte van haar godsdiens kan beantwoord is

‘n predikant, want hy’s ‘n teoloog jy weet. En ek kan vir haar sê, maar die Here het jou nog lief en daai tipe van goed. Maar as hulle vir jou slaan met ander vrae, ek is nie iemand wat elke Bybel en die vers kan sê Lukas soveel, soveel en daar sê die Here dit of so nie en partykeer is dit wat die mense verwag...wat ek gedoen het is ek, ek weet dat die vrou ‘n predikant ken, wat ek toe ook ken, en ek bel die predikant en ek sê vir hom, weet jy wat, ek sal jou hulp waardeer by die huis. En weet jy, wat was sy woorde vir my gewees. Ten spyte van dat hy hulle ken en sy was in hulle gemeente, maar dit val nie in sy grens nie. Hy kan nie kom nie, want dit is nie sy area nie. Of hy nou die persoon ken of nie, en hy kan nie vir my sê watter predikant hanteer die area of vir my ‘n nommer gee nie want hulle het, baie keer, onthou hierdie mense is baie keer mense wat nie gereeld kerk toe gaan nie, so die predikante sê baie keer ja maar hulle is nie aktiewe lidmate nie, ek ken hulle nie okay. En dit was vir my bitter, dit het vir my baie woedend gemaak die dag oor dit want ek voel net my maggies maar hulle ken mekaar. Ek weet vir ‘n feit hulle ken mekaar, hulle kinders speel dan saam met mekaar, by mekaar se huise jy weet...

Die polisie...polisie se hulp en ondersteuning, ek moet sê die kere wat ek uitegeroep was en so aan, het ek baie hulp gekry van die stasie se mense af en ondersteuning.

Wat ek natuurlik voel en ek het dit op ‘n stadium vir dokter Pixie gesê is dat die regering kan sê wat hulle wil, maar waar dit aangaan ten opsigte van kinders se veiligheid en die vrouens se veiligheid, is daar nie ‘n mekka wat dit reg kan hanteer nie of dit word nie. Hulle kan ure se gesprekke hou en se maar kinderveiligheid en veiligheid van vrouens en so aan, maar dit werk nie. Ek het ‘n geval gehad van ‘n ma wat haar baba in die asblik gegooi het en eerstens wat hier gebeur het is ek was baie vies daaroor by die stasie aangekom en hulle bel my om te sê daar’s ’n ma hier wat haar baba van 6 maande in die asblik in gegooi het, sy wou die kind doodmaak. Die polisie het haar gaan haal. Hulle het haar met die vangwa hierna toe gebring. Toe ek hier instap toe sê ek vir hulle

hoekom het julle my gebel, wat verwag julle van my, want as julle haar nie gaan aankla nie, dan is dit nie my werk om met haar te werk nie, jy weet. En hulle wou haar nie aankla nie, want hulle het geweet, as hulle haar aankla of vir kinderverwaarlosing of daai, dan moet hulle kinderbeskerming kry. Ek het self met kinderbeskerming se ou gepraat, hy het 7 ure later eers hier opgedaag. Die ma is so dronk, sy kan nie, jy kan nie die kind in die ma se sorg laat en vir haar sê, loop uit by die hek nie, want sy gaan die kind om die eerste hoek doodmaak en in die gutter gooi. Nou wat doen jy?

H: Voel of jou hande afgekap is...

A: En die polisie ervaar dieselfde dimensie...dis hoekom hulle nie die saak by die dossiere wil open nie, verstaan. Want nou kla hulle die ma aan vir kinderverwaarlosing, nou moet sy in die sel gaan, teen eerste is dit ‘n risiko om haar kind saam haar in die sel te sit. Dis ‘n 6 maande oue kind, mag nie geskei word van die ma nie. Nou moet hulle die ma oppas, want as hulle die ma die kind in die sel iets aanmaak of aandoen dan is dit die polisie se skuld, jy weet. Kom daar ander mense wat hulle inkry, misdadigers, dan kan hulle, wat maak hulle met die ma en die kind, want ons stasie het een sel.

So, die, die sisteem rondom dit werk nie, en, en daar is van die polisie mense hier wat laksheid het hulle, hulle voel hulle wil nie hierdie sake hanteer nie, want hulle ondersteuningsnetwerk rondom hierdie sake funksioneer nie, en hulle sit op die ou einde met die probleem. Want ek het daai aand gebel, 5 te huise, huis van veilighede, nie een van hulle was bereid om die kind vir 6 maande in te neem nie. Nie een nie. Hulle sê vir my reguit, ons neem nie meer babas en kinders van daai ouderdom in nie. Wat doen jy? Wat sê jou menslikheid vir jou, wat moet jy doen. Dit is, dit is moeilik. Dis regtig waar moeilik.

Veroordelend, kyk die polisie nê word met baie goed gekonfronteer so hulle is hard. Hulle maak opmerkings byvoorbeeld na hoekom het sy ‘n

kind as sy dan nie vir die kind kan sorg nie, hoe kan sy haar kind doodmaak? Dan sê ek vir hulle weet julle wat dis weier as dit. As jy nie ‘n werk het nie en jy’t nie geld nie, hoe moet jy vir jou kind sorg... hoe moet jy vir jou kind sorg?

Dan kan jy begin sien dat hierdie kind is vir die ma ‘n oorlas. Sy’t dalk nie gekies om daai kind te hê nie. Daai kind is dalk van ‘n verkragting af gebore. Hoe weet ons nê. So, so hulle kan baie hard wees rondom dit, want onthou hulle raak ook afgestomp met dit waarmee hulle gekonfronteer word en daar’s darem baie bullshitters en die soort dinge waarmee hulle te doen het. Genuine.

So in ‘n mate kan ek sê daar is mense wat...wat trots het in hulle werk...wat regtig help. Jy kry die ouens wat al langer in die bedryf is en wat elke keer in die muur vasloop en mens is maar bekommerd oor hulle, maar met kinders wil hulle nie werk nie. Kindermolestering, ‘n ouer bel polisie stasie toe, sê my kind is gemolestreer wat moet ek doen...nee, hulle kan niks doen nie vat hom na ‘n gewone dokter toe vir ‘n ondersoek. Jy weet. Dit is buite die beleid, net die distrik geneesheer kan dit doen. Hulle weet dit, maar wat hulle nie hier hanteer nie, skielike dokumente oopmaak en daai tipe van goed. Hulle moet daai saak vir ure voordat hulle dit weer deurgee aan mense kan kry so, so daar is groot gehoefde en ek kan nie sien dat dit daar gaan beter word nie, vir dit nie. Daar is nog iets wat ek wou sê van ondersteuning. Kan nie nou daaraan dink nie.

H: Iets wat vir my baie sterk uitgekom het, is at jy gesê het dat die kliënte sekere behoeftes het. Dat sekere rolspelers sekere behoeftes vervul. Soos die SKS wat emosionele behoeftes vervul, die Polisie wat slagoffers met die wetregtelike kwessies bystaan, ens.

A: Regtigwaar. Ek sê vir jou ek eis as ek op ‘n Sondagaand ‘n oproep kry en ek hoor daar’s ‘n kind wat, wat hier is en ek moet op ‘n Sondag. Kyk daar’s nie ‘n manier wat jy ‘n kind oor die naweek geplaas kry in ‘n huis

van veiligheid nie. Nie ‘n manier nie, jy kan vergeet, wat doen jy? Mense se belange is nie daar nie, klaar. En die wat wel daar is, is vol. Daar is net nie so iets nie en dit is sleg, dit is regtig waar sleg. By ons, jy weet dis nie net by ons nie, dis oralste. Mens moet jou naels skraap om op ‘n naweek te dink jy gaan plek kry.

Self ouers, ek het al ‘n pa gebel wat geskei is en, en die vrou, sy haat, om dit so uit te druk, die kind wat sy by die pa het en, en die kind is in die spervuur. Die ander kind wat sy by haar eerste liefde het, is die engeltjie, maar hierdie kind is die spervuur is die fokus van haar van haar misnoeë en dan bel ek hierdie kind se pa en dan sê hy net, ja maar hy kan nie nou die kind kom haal nie. Dan sê ek vir hom, maar waar’s jy nou is jy by die huis dan sê hy, nee hy kuier by iemand. Dan sê ek hoe het jy daar gekom, nee hy’t soontoe gery. Sê ek vir hom, maar jy kan nie jou kind kom haal nie. Jy weet sulke tipe van goed. Dit is, dit is moeilik en, en mense moet maar hard wees partykeer. Ek is al met ‘n prokureur gedreig deur hierdie selfde pa. Toe sê ek vir hom, weet jy wat, meneer jy kan my dreig met wie jy wil, maar ek tree in belang van jou kind nou op. Nie in belang van jou, of van jou eks vrou of daai. Ek dink aan jou kind se veiligheid, so dis sleg.

Die ander keer kry ek ‘n oproep. Jy sal nie glo nie. ‘n Man hy’t geimmigreer Nieu-Seeland toe. Hy stap toe by die polisie stasie in, hy sê nee, maar hy moet Maandag terug vlieg Nieu-Seeland toe en sy vrou is vir die Desember vakansie af see toe en sy kom eers Dinsdag terug wat moet hy met sy drie kinders doen en of ons nie asseblief na sy kinders kan kyk totdat sy vrou Dinsdag terugkom nie, want hy moet Maandag vlieg. Die polisie in die sentrum in. Ja, ek sê vir hom, maar meneer sê nou vir my waar moet ek. Hy sê vir my nee julle plaas hulle hier in ‘n huis van veiligheid. Ek sê maar meneer daai plek is vol, daai plekke is vir kinders wat fisiese geweld beleef of wat se lewe nie van seker is by hulle huis nie. Ek kan mos nie jou drie gesonde kinders vat en daar gaan insit nie. Nee, maar wat moet hy nou doen. Hy was kwaad gewees daai dag hoor, maar, maar dis wat party mense doen dan moet jy hulle, hulle. Nee

kan jy dit glo. Dit was vir my baie erg. Ek kan nie my verbasing hou toe ek dit hoor nie. Die man verwag die polisie moet sy kinders oppas vir twee dae nie. Totdat sy vrou terugkom.

H: Sê my ons praat nou so baie van probleme in die sisteem. Kom ons fokus bietjie op die SKS. Die SKS se missie stelling sê die volgende: om ‘n gemeenskapsgebaseerde emosionele ondersteuningsdiens vir slagoffers van misdaad, ongelukke en krisisse te lewer. Nou as ons nou daai missie stelling as ‘n kriteria gebruik. Dink jy die SKS is suksesvol in dit wat nagestreef word?

A: Ja, ja definitief, definitief ja.

H: Kan jy dit bietjie motiveer, dalk ‘n paar voorbeelde gee?

A: Weet jy wat ek sien al hoe meer deesdae ook dat die skole na hulle rig, na die SKS.

H: Vertel my meer...

A: Omdat hulle by die Onderwys departement nie genoeg mense het wat die probleme kan hanteer nie. En, en die onderwysers het nie altyd die tyd of die kennis of omdat, omdat. Ek sien skole kom meer dat hulle gebruik maak van dit. Ek dink in, in ons area waar ons sentrum is, is die mense baie bewus van die werk wat ons hier doen.

Die vrymoedigheid wat ‘n mense het om net in te stap jy weet om hier te kom sit en te begin gesels en op die ou einde dan staan die persoon op dan sê maar ek het eintlik gekom om vir julle te sê ek en my vrou het vandag bietjie vas gehak met mekaar. Jy weet. Die vrymoedigheid wat hulle het en dit.

Ek het, ek het ek sien ‘n behoefte nê, vir ons anders kleuriges. Ek weet dokter Pixie probeer dit aanspreek en so-aan en dis baie moeilik want dit

is ‘n denkrigting buite hulle kultuur om, om ‘n anders kleurige te kry om as ondersteuner te begin werk, want mens net definitief ‘n kommunikasie probleem. Jy onthou die ma wat die kind weggegooi het, sy kan beswaarlik Afrikaans of Engels praat, verstaan. Daar was totaal en al van die mense wat aan diens was, was blankes gewees by die stasie. So daar was ’n totale kommunikasie gaping. Sy het ‘n dokument geteken sonder dat sy geweet het sy word aangekla want sy was, sy kon nie lees nie. En sy weet nie van haar regte nie en sy’t gestaan en ek het vir haar in Sotho verduidelik dat sy in die sel gaan bly en dat die kinderbeskerming gaan na haar toe kom om haar te help met haar dogter met haar baba en so aan, want sy’t nie verstaan nie. Jy weet so daar’s ‘n verskriklike groot behoefte rondom dit, om aan te spreek.

Ja, ek dink in ‘n mate is baie mense nog steeds bietjie bang vir stigma, jy weet, ek weet van ondersteuners wat self nie tussen mekaar die vrymoedigheid het nie. ‘n Geval wat ek hanteer het, wat ek en dokter Pixie van bewus is, jy weet. Dit is nie lekker jy weet dat jy, jy weet dat ek en my man huweliksprobleme het of dit en so aan nie. Want gevalle word bespreek tussen die ondersteuners wat nie verkeerd is nie, want jy weet as jy ‘n saak het en jy bespreek dit met my dan leer ons altwee uit dit uit, jy weet. Maar, maar dit bly sensitief en as ondersteuners tussen mekaar so redeneer. Jy wil nie graag hê jou hulpverlenings verslag moet op die algemene lëer geplaas word nie en so. Hoeveel te meer nie vir ‘n mens wat vir ‘n mens wag nie. Hulle het ook daai bang gevoel van stigma en daai tipe van goed. Die polisie ook die polisie ook.

H: Goed, Dit bring die idee dat ons diens konfidensieel moet wees net so veel meer na vore nê, m.a.w. etiese riglyne. Sê my as jy sê die SKS was suksesvol, wat dink jy is die kritiese sukses faktore wat die SKS gedryf het deur hierdie proses?

A: Beskryf vir my kritiese sukses faktore.

H: Die dinge wat die SKS in staat gestel het om te oorleef in teenstelling wat die krisissentrums wat op die been gebring word en nie oorleef nie met die selfde lengte van tyd...

A: Ek vermoed nê, die een ding wat, wat hoekom ons nog oorleef is juis omdat niemand van ons hier is vir eie gewin nie. Jy is hier om 'n diens te lewer. Van wie ook al by jou instap en ek dink baie keer as jy kyk na ander, daar's maar altyd êrenster een of ander finansiele gewin op die ou einde vir mense en jy weet en o ja, ons het n kultuur. Ek ervaar dit in my praktyk, omdat ek 'n probleem het, is jy veronderstel om my verniet te help. En as dit jou besigheid is en jou brood en jou botter wat jy verdien, kan jy nie iemand verniet help nie en, en dis waar ons nog altyd kliënte sal hê omdat ons daarop staatmaak of dit verkondig dat mense hiernatoe kan kom sonder dat hulle hoef te betaal. Want jy kry daai mense wat, wat regtig nie kan betaal nie. Jy weet selfs al het jy iemand wat skatryk is wat 'n kliënt van jou word hier, dan is dit nog steeds jy's nie hier om dit vir die geld te doen nie, jy's hier om die persoon te help, om rigting te gee deur die lewe, om weer 'n passie vir die lewe te laat kry.

H: Bedoel jy dat mense gratis gehelp word of die kliënt help om hulle vertroue in die wêreld te herstel...die idee dar daar is nog goeie mense in die wêreld?

A: Nee, ek dink nie dis, die ding van gratis help is so ver gekry nie, jy weet, ek dink net dit is n manier om vir mense te sê kyk hierso...jy't nie n verskoning om nie hier te land nie. As jy die hulp nodig het, dit is hier vir jou, ons dienteverskaffers.

H: Wat sou jy beskou as die SKS se sterkpunte?

A: Goeie koordinering. Dit is ongelukkig so nê dat niks kan funksioneer as daar nie reëls is nie, klaar, anders is daar choas en, en dat reëls moet toegepas word. Dit moet nie net daar wees omdat dit reëls is en dis dit nie. Ek weet dit is baie moeilik. Partykeer kry jy mense wat buite die

reëls speel en sulke mense moet aangespreek word. Want op die ou einde is dit baie swak vir enige organisasie of besigheid of so wanneer dit nie nagekom word nie. Jy stel jou bloot onnodig. So ek dink goeie koordinering is vir my belangrik.

H: SKS se swakpunte?

A: Weet jy dis nie ‘n swakpunt wat ek het nie, ek dink swak punte, weet jy wat dink ek van swak punte is ons ondersteuners.

H: Verduidelik...

A: As jy, soos wat ons herhaal het jy weet jy’s hierso om, om jy is geskeduleer jy moet op daai tyd diens doen en, en jy het nie jy daag net nie op nie, jy weet of dit het al gebeur dat jy’s die Saterdag aan diens en dan’s ek die Sondag het ek nou uitgesit vir my gesin dan kry ek ‘n oproep dan’s die persoon wat gebel is, wat diens moet doen sê o, nee maar ek is net nie vandag daar nie, vra maar vir Marcel of sy dit vandag vir my sal doen. Verstaan jy. Die polisie het nie tyd om rond te bel agter allerande mense aan nie. Hulle het baie belangriker goed om te doen. En, en mense soos dokter Pixie en Adrie wat werk met die dienstye, hulle het ook jy weet hulle het ook hulle tyd. Hoekom is hulle by ‘n naweek aan diens nie, is omdat dan saam hulle gesinne wil spandeer. Dis prioriteit nê, dis vir my absoluut belangrik, jy moet jou tyd jy moet prioritiseer, jy moet weet wanneer is dit sentrum tyd, wanneer is dit familie tyd en, en want altwee is belangrik. Jy weet wanneer is dit nou werktyd, wanneer is my tyd vir my kinders, wanneer moet ek by die kerk wees, daai tipe van goed. Jy moet ‘n balans rondom dit handhaaf en, en as iemand nou net eenvoudig , wat diens moes doen kom en hy’s nie daar nie en iemand anders moet inderhaas gebel word, nê. Weet dit plaas ‘n verskriklik groot stremming op daai persoon se gesinslewe. Want die eerste keer wat dit gebeur kan die wederhelfde of ‘n eggenoot of, of ‘n meisie of ‘n vriendin of wie ever dit oorsien, maar as dit weer gebeur en weer gebeur dan begin dit ‘n klippie in die skoen word en, en ek dink dan mens moet jy

weet jy neem jou werk met verantwoordelikheid aan en jy moet dit met verantwoordelikheid voltooi ook. So, ek dink die, die swak punt kan wees jou ondersteuners. Dis by enige maatskappy so, jy's net so sterk as wat jou werkers is wat vir jou werk. As hulle laks is en daai tipe van goed, doen die maatskappy nie sy werk nie.

H: Wat ek van jou af kry is 'n goue draadjie van bestuur en koordinering wat deurgetrek word na persone wat hier werk...

A: Ag H weet jy, dis nogal vir my baie belangrik jy moet bietjie trots hê in wat jy doen, verstaan jy, met ander met trots beteken nie jy moet snobisties wees of dit nie maar jy moet weet vandag werk ek hier en ek doen dit na die beste van my vermoë en dis my verantwoordelikheid wat ek doen, verstaan jy en, en weet jy wat jy geniet dit, jy moet dit geniet jong, so as dit nie meer vir jou lekker word nie, dan moet daarvan gepraat want anderste plaas jy baie druk op iemand anders wat, wat onnodig is, jy weet en so dit is vir my is ander ding wat ek graag sal wil sien is of wat ek al oor gedink het want onthou ek werk oor naweke nê, dan is my skof van 7 uur of 8 uur die aand sê tot 8 uur die volgende oggend.

Oor naweek is fine, maar nou moet ek Maandag werk verstaan jy nou's dit 7 uur daai uur voor 7 van 6 uur af raak jy gespanne, want dit gebeur min maar wat as daai oggend die telefoon lui en jy word uitgeroep en jy was oppad werk toe of jy, jy sit in 'n vergadering half 8 jy moet half 8 by jou werk wees so, so dit plaas vir my bietjie spanning op. Ek dink as 'n mens moet reël dat as 'n mens 7 uur op 'n Maandag oggend jou, jou diens oorgee aan 'n bystand ou van 7 uur af. Want 'n mens 'n mens raak gespanne, ek weet want ek werk maandae oggend. Jy is tot 8 uur na half 8 by 'n ander werk. Ek meen vat jouself nê. Sê nou maar jy werk op 'n Sondagnag en 8 uur moet jy in 'n lesing staan en jy weet jy's nog tot 8 uur nog aan diens, wat doen jy, sit jy jou selfoon op silent of sit jy hom af en die oproep kom nie deur nie. So dis baie sleg daai, dis vir my sleg.

Jy weet ek het myself al gedink wat, wat kan ek doen in ek sou sê jy weet op ‘n Maandag oggend as ek weet 7 uur is fine jy weet dan , nou aan die ander kant nou sê maar okay dan, jy kry die oproep 10 voor 7 wat doen jy dan hê? [smiling]

H: Mmm...dis moeilik...wat dink jy van die stelling dat ‘n krisis gevaar en geleentheid bied aan ‘n persoon?

A: Ek stem saam daarmee. Die geleentheid word nie dadelik geidentifiseer nie as jy in krisis is, maar dit kom daarop neer dat jy op die ou einde van die dag moet vra wat het ek hieruit geleer. Maar, maar dit gebeur nie baie nie. Jou gevaar is eerste want jy’t ‘n gevaar om hierdie krisis totaal en al eintlik handuit te ruk wanneer jy nie die regte hulp lening en dit het nie of wanneer jy dit onderdruk en so aan. Jou geleentheid kry jy eintlik eers nadat jy jou ondersteuning deur gemaak het. Dan sien jy die geleentheid wat jy daarin gekry het. Maar dit is so.

H: Enige laaste gedagtes?

A: Nee ons kan nou nog praat...[thinking deeply]

H: Dis reg...

A: Laat ek gou net dink. Weet jy nê, ‘n ondersteuner moet weet wat hy doen, as ek vat jy moet weet nê, as jy met ‘n kind werk wat aangerand is, of wat gemolesteer is, jy moet daai kind reg hanteer hoor, so waar as vet. Want, en ek voel dat dokter Pixie hulle moet onmiddelik na so geval in kennis gestel word. Die koordineerder van die sentrum omdat dit so maklik gebeur daai goed beland in die pers verstaan jy en wie die persoon wat gekontak word, is dadelik dokter Pixie. So dit is vir my ongelooflik belangrik, ons babatjie wat ons hanteer het so 2 of wat maande terug...dit was die Sondag aand gewees en die Maandag oggend oppad werk toe het ek dokter Pixie gebel en gesê dis die geval wat ek die aand hanteer het. Ons het dit so hanteer, dit is die proses

verder en, en, en jy weet vir haar die agtergrond gegee, maar Woensdag toe is dit in die koerant, uit die bloute uit, jy weet en, en dadelik word daar gesê was die hospitaal, het hulle die regte stappe, is die aangegee by kinderbeskerming warra, warra, warra en as ons nie daar die regte prosedure gevolg het nie. Sjoe.

H: Baie verantwoordelike werk?

A: Ja, ja veral waar dit met sulke goed en kinders werk. Dis baie belangrik hoor.

H: Dink jy die opleiding en die supervisie is genoegsaam om mens in kennis te stel van daai erns?

A: Weet jy, nê, die eerste keer wat jy so saak hanteer vlieg alles by jou alie uit, man dis genuin, jy is in ‘n mate van self skok.

H: Mmmm...

A: As jy daarin loop en, en jy kry die oproep, gelukkig nê gelukkig kry ons ‘n oproep gelukkig moet jy ry na die toneel toe so in daai tydjie wat jy die oproep kry en wat jy ry na die toneel toe, dan maak jy jou informasie bymekaar. So gou as moontlik, of jou handleidng is langs jou terwyl jy bestuur dan check jy gou goed op of jy bel en sê hoor hier so ek het hierdie geval wat moet ek doen, maar dis waar jy gelukkig vir dit, want anderste nê, sou daar groot chaos gewees het...weet jy onthou net nê. Daar’s vir alles ‘n eerste keer.

Die eerste keer wat jy ‘n kind hanteer vat wat aangerand is, die eerste keer wat jy op ‘n moordtoneel kom, as jy dit weer doen het jy die proses beleef, maar omdat dit vreemd is vir jou eerste keer is, is jy baie onseker regtig waar. En dan het jy enige genade tyd nodig om inligting te bekom. Ja, ja nee. Maar dis lekker. Dis wonderlike ervaring wat mens opdoen en, en ek is altyd net bly dat mens dit kan doen weet dat jy daar kan wees

vir mense. Ek het, ek het die aand met die selfmoord toneel nê, kom ek by die 2 jong seuns in. Die seun wie se ma hom, haar geskiet het en'n maat nê. En hulle was in totale skok. Toe ek daar instap was die seun in skok en die polisie is besig met ander goed en ek het die pa net so gekry dat hy half kon bedaar want hy was ontstel en was verskriklik verbaal en elke keer wat hy so tekere gegaan het, het sy seun nog meer stres gekap en jy weet toe ek by die kind kom was hy in totale skok en, en ek moes hom warm maak en hom rustig kry en so aan en toe die polisie verklaring afneem het sit jy in, jy moet weet wat die rucksions, jy moet weet wanneer mag 'n verklaring. Die maat, byvoorbeeld, se ouers het toe nog niks geweet nie. So ek het vir die ouers vir die polisie gesê, daar's nie 'n manier wat hulle 'n verklaring van hom mag afneem nie. Hy is minderjarig, sy ouers dra nie kennis van dit nie. Ek het sy ouers gebel, hulle was weg vir die naweek net anderkant Ellisras so vat. Ek het die situasie aan hulle verduidelik en al sulke goed en so, so jy moet weet hoor as jy instap daar moet jy weet wat sê die wetlike formaliteite.

H: Mmmm...vertel maar verder...

A: Nee, nee ons moet nou stop, jou bandjie is amper klaar, ons kan ander dag weer verder praat [smiling]

H: Baie dankie vir jou insette en eerlikheid..waardeer.

A: Dis 'n plesier en sterkte.

Interview 7

H: Goeiemore _____. Ek verneem jy het die etiese riglyne gelees en jy's gemaklik met die inhoud. Ek wil net beklemtoon dat al jou inligting annoniem hanteer sal word en indien daar enige iets is wat jy later sal wil skrap, is jy welkom om dit te doen. Indien ons deur die vrae beweeg en jy wil teruggaan na 'n vorige vraag toe, kan ons dit ook doen. Ek is nie vandag hier om te oordeel of dit wat jy sê reg of verkeerd is nie. Ek is hier om te eksploreer, om jou kennis te tap wat jy met tyd opgedoen het. _____ jy's nou al 'n klompie jare betrokke by die SKS, en in my gedagtes het ek geen twyfel of jy 'n belangrike storie het om te vertel nie, of 'n bydrae te maak tot hierdie studie mbt jou indrukke en jou ervaringe in die praktyk nie. Sal jy dit met my deel?

A: Ja sekerlik. Is daar iets spesifieks wat jy wil weet?

H: Jou algemene indrukke van die sentrum. Die werk wat jy doen. Jou ervaringe. Die eerste gedagtes wat vir jou opkom…

A: Wat die persoonlike aspek betref is die sentrum vir my baie belangrik. Ek bly al 12 jaar in die gemeenskap. Ek het baie gelees van die sentrum in die plaaslike media. En dis wat ek altyd wou gedoen het, en dis waar die beginsel vir my persoonlik sit. Dis baie lekker om as jy lees van die sentrum, jy is deel daarvan. As daar iets in die media is oor die sentrum, dan kry jy so lekker warm gevoel, ek's ook deel daarvan. Die sentrum self, dink ek, is baie goed ingerig en opgestel en sy visualiteit in die gemeenskap is heel goed. Ek dink ons kry goeie samewerking uit ons polisiestasie self. Ek voel dit kan nog baie uitbrei, deur byvoorbeeld wyer te adverteer en ander polisiestasies meer bewus te maak van die dienste. Sodat meer mense hierheen verwys word. Alhoewel ons statistieke goed lyk, nog steeds. Ek sit meeste oggende hier vir twee ure dat ek nie een persoon sien nie. Dan dink ek dis twee leë ure wat ek mense kon hulp aanbied. So dalk moet ons meer buite die gemeenskap adverteer dmv polisiestasies, kan ons moontlik meer mense kry om hiernatoe te kom. Ek dink ook, dis deel van jou studies, jy moet aan die einde van die dag 'n fokus van die model hê en weet hoe dit werk en dit voorlê aan ander mense wat 'n sentrum wil oprig, sodat hulle ook iets kan leer.

Ek glo absoluut 100% aan die behoefte van ‘n krisissentrum. Suid-Afrika se misdaadstatistieke soos wat dit is, laat mens wonder hoekom is daar nie meer nie. Almal praat oor misdaad Die polisie, toerisme, elke ding wat jy lees is gekoppel aan misdaad. So dit maak soveel sin, wat van die slagoffers van misdaad. Dit laat ‘n mens wonder hoekom daar nie meer sentrums is nie. Die geldigheid en die voortbestaan van die sentrum is vir my “non negotiable”, dit moet gebeur. So ek voel baie sterk daaroor. Maar terselfdertyd voel ‘n mens jy’s net ‘n druppeltjie in die emmer.

H: Vertel my van jou indrukke van ‘n tipiese SKS kliënt. Wie is hulle? Wat dink hulle? Wat voel hulle? Hoe tree hulle op? Watter impak het die krisis op hulle lewe?

A: Ek dink baie van die mense wat tydens krisisse hier inkom, is mense wat nooit onder normale omstandighede ‘n sielkundige sal gaan sien nie. In baie gevalle is dit mense wat geglo het hulle is onaantasbaar deur geweld. Soos ons almal dink dit gebeur met ander mense, maar nie met ons nie. So daar’s altyd vir my ‘n tipe van verdwasing as hulle hier kom. Dis asof hulle verbaas is dat hulle hier sit, want hulle het nie gedink hulle gaan in hierdie posisie wees nie. Dis die eerste ding wat my altyd opval.

Die tweede ding ek dink , is die mense se onkunde oor hulleself. Dat mense so onkundig is, weereens as mens kyk na die statistieke oor misdaad in die land, die kanse dat ons onaangeraak word deur misdaad, is so skraal, maar mense is onkundig oor hulleself want hulle het nie gedink hoe gaan hulle optree in ‘n krisissituasie nie. Dan sit hulle hier. Dis vir hulle heeltemal vreemd, of dit kan nie met my gebeur nie. Daardie hele ontkenningstorie en dis asof hulle, hulleself nie ken nie. Hulle raak vreemdelinge vir hulleself deur die trauma. Hulle kan nie verstaan hoe hulle optree nie. Dit val my gewoonlik op. ek dink dit is ‘n identiteitskrisis, want hoekom het ek so opgetree. Dit laat ons wat hier werk, na die tyd wonder hoe sal ek optree in daardie situasie.

H: Is jy voorbereid vir misdaad?

A: Weet jy, nie, ek sou tien teen een net so verdwaasd gewees het soos hulle is. Dis asof dit my nou weer tref.

H: Jy't gesê die kliënte sal nie tipies 'n sielkundige gaan sien nie. Wat dink jy maak dit vir hulle makliker om na die krisisentrum te kom?

A: Die eerste plek, dis gratis.
In die tweede plek, as iemand vir jou sê, jy't dit nodig, hier 'n huisie hier buite, gaan soontoe. Dis seker makliker as om 'n sielkundige te gaan soek en dan mediese fondsmagtiging te kry. En die stigma van sielkundige te gaan sien. As jy by die polisiestasie is, en jy kan die sien van 'n "mental health professional" koppel aan misdaad, dan val die fokus van die stigma weg van om 'n sielkundige te sien. Dan het jy 'n wettige grondige rede om iemand te sien.

H: Vertel my bietjie rondom jou indrukke van 'n tipiese SKS ondersteuner…

A: Soos ek vir jou gesê het, deur die tyd wat ek hier is, ek ken nie almal nie. Ek ken nie almal se storie nie, ek ken nie almal se agtergrond nie. Ek het indrukke geskep oor die mense wat hier werk. Ek kan hulle in katagorië indeel. In my gedagte oor motiverings oor hoekom hulle hier is.

Daar's vir my ten eerste, 'n baie sterk geloofsaspek. Baie mense dink dis hulle christelike plig om naastediens te doen. Dit sien ek in baie van die ondersteuners.

Dan is daar 'n groep wat dit doen as "helping professionals" dis 'n "extension" van hulle "helping profession"

Dan is daar ook 'n groepie wat hier is uit eensaamheid, dat hulle in hulle persoonlike lewe bietjie afsondering beleef en hulle het bietjie kontak nodig.In daardie selfde groepie mense wat persoonlike probleme het, wat deur ander mense te help, hulle eie persoonlike probleme oplos. Dis is vir my goed dat daar

verskeidenheid is, verskeidenheid op akademiese vlak, verskeidenheid ouderdomme, beroepe. Ek dink dit is goed dat daar ‘n verskeidenheid is.

H: Wat is jou gevoelens rondom die geloofsaspek?

A: Wel, jy weet seker dat ek van ‘n ander geloof is. Dit was nog nooit vir my ‘n “issue” gewees nie. Toe die storie verlede jaar opgekom het, het dit my geskok. Ek het nie gedink dit gaan ‘n “issue” word nie. Die gemeenskap waarin ons bly, ek het nog altyd gedink, Montana Park en Sinoville is vir my soos ‘n klein dorpie en ‘n klein gemeenskappie op sy eie en terselfdertyd is dit ‘n baie konserwatiewe gemeenskap, Afrikaans en ‘n baie tradisioneel godsdienstige gemeenskap. So, ek bly al twaalf jaar in die gemeenskap. So, dit is baie logies dat die meeste mense wat ek hier sien elke dag hierna toe kom. Ek voel net baie sterk daaroor dat die krisissentrum ‘n neutrale beeld moet uitstraal…omdat die persepsie te veel is.

Ek voel in baie opsigte die krisisentrum is te wit, te Afrikaans, te een godsdienstig. Die sentrum is nie vir my neutraal genoeg nie.Maar ek kan verstaan hoekom. Dis die gemeenskap waarin ons gefasseer is. Dis die mense wat hierna toe kom. Dis die mense wat hier werk. So dis die mense wat uit die gemeenskap uit kom. Ons is besig om meer swarte mense te sien.

Die taal is ‘n probleem. Ek het verlede week ‘n persoon gesien, mbt ‘n begrafnis. Ek het later vir haar gevra om vir my te verduidelik, hoe ervaar hulle die dood. Sy was half verbaas gewees, waar ek anderste gedink het. Ja, mense kom hiernatoe vir godsdienstige ondersteuning, maar ja, ek het nie ‘n probleem daarmee gehad nie, dit maak nie saak watter geloof die ander persoon is nie, want dit gaan oor daardie persoon op die oomblik.

Uit die feit dat dit so klein gemeenskappie is...daar’s nie een keer wat ek P&P toe gaan en nie ‘n bekende gesig raakloop nie. Orals waat jy gaan is daar bekendes wat jy raakloop. Dis vir my soos ‘n klein dorpie. As jy ‘n krisisentrum in Centurion of Sunnyside gaan oprig…daar’s meer ‘n “urban” gevoel, ‘n verspreiding van mense. Jy het nie hierdie klein gemeenskap gevoel wat jy hier het nie. Ek dink dit

dra baie by tot die sukses van die sentrum. Mense is meer geneig om binne hulle gemeenskap hulp te soek. Ons gemeenskappie is baie konserwatief in vergelyking met ander voorstede. En weereens is dit vir my die sukses van die krisissentrum, want hoe meer konserwatief jy is hoe meer is jy geneig om in jou eie gemeenskap hulp te soek.

H: Wat is jou indrukke van ‘n tipiese SKS ondersteuner?

A: Weet jy, die eerste dink vir my is, jy moet “committed” wees. Ja, en dis die empatie en die omgee en al daardie goeters wat ek nie eers gaan noem nie.

Die “commitment” ding het my getref in die tyd wat ek hier is. Want party van die mense wat hier is, is so “committed” en ander is nie. So, wat is die verskil tussen hulle? En iets wat ek opgelet het, van die mense wat nie gebly het nie, van die mense wat weg is terwyl ek hier is, was ook betrokke by ander vorme van berading, by ‘n kerk of ‘n ander vorm van gemeenskapsberading. So, die totale commitment was nie by die sentrum nie. En dis vir my so as jy kyk na die bord, wie’s die mense wat nou al lank hierso is, is nie so betrokke by ander gemeenskapsprojekte nie. So, dis vir my ‘n baie groot ding. Die empatie natuurlik ook. Nie soseer die identifisering nie, objektiwiteit en kwaliteit is ook vir my belangrik. Weer eens, verskillende kulture, verskillende gelowe, om dit te akkomodeer.

H: Dink jy die eieskappe is dieselfde vir ondersteuner of counsellors in ander kontekste as wat dit is vir die hele SKS?

A: Ek dink teoreties behoort dit te wees. Ek en _____ het hierdie spesifieke ding op ‘n groot basis opgebring. Wat in hierdie konteks verskil, wanner jy ‘n kliënt in die kantoor sien, sou ek sê jou kriteria moet dieselfde wees as ander counsellors. Wanneer jy uitgaan na ‘n toneel toe, op ‘n krisistoneel, is dit heeltemal anderste. Die verskil waarby ons uitgekom het, wanneer jy hier is, het jy empatie nodig van ‘n counsellor. Wanneer jy buite op ‘n toneel is, en alles is chaoties en alles is deurmekaar, funksioneer jy meer op ‘n simpetievlak as ‘n empatievlak, want dit is wat die mense nodig het op daardie stadium. So, ek voel, net ‘n counsellor in

praktyk, soos wat ons hier ken in die kantoor, maar om uit te gaan na ‘n toneel, is heeltemal ‘n ander storie, want jy as ondersteuner funksioneer op ‘n ander vlak.

H: Jy sê, as jy op ‘n toneel is, moet jy meer op ‘n simpatie vlak funksioneer en as jy ‘n kliënt hier sien, meer op ‘n empatie vlak. Hoe sou jy dan onderskei tussen daardie twee konstrukte?

A: So, ja, empatie is meer ‘n objektiewe proses. So wanneer jy hier is kan jy in “trancient mode” ingaan. Jy het tyd, jy kyk op “reflect” wat die persoon vir jou sê. Jy het tyd om die persoon te laat uitpraat, en dan leiding neem. Jy kan sien waarheen die probleem gaan. Sê nou jy’s by ‘n selfmoord, het jy nie die tyd vir die kognitiewe prosesse om in te skop nie.Wat daardie mense dan nodig het is, ‘n sagte hand, ‘n sagte stem, ‘n koppie tee, ‘n paar van die feite dingetjies om nou te doen en dit is vir my op ‘n simpatievlak. Want vir my gaan dit oor die kwessie van die tyd. Daar’s alles onder druk Die mense is onder ‘n skoktoestand. Hulle gaan nie hoor wat jy vir hulle vertel nie. Wanneer jy in ‘n ander situasie is waar jy die proses meer kan “manage” op ‘n meer “trancient” vlak as op die toneel.

H: Sê jy dat jy moet fokus op die behoefte van jou kliënt.

A: Ja, want merendeels, die ou wat hiernatoe kom, is die trauma klaar van verby, die rush van die trauma is verby. Die gejaag van die trauma en die skok van die trauma.

H: Mmmm…die SKS lewer krisisintervensie aan ‘n verskeidenheid slagoffers van misdaad, ongelukke, selfs middelafhanklikheid. Nou as jy hier in die krisissentrum sit en hier kom ‘n kliënt by jou aan, wat doen jy?

A: Ek moet eers uitvind wat hulle storie is en nadat hulle, hulle storie vertel het, en vertel wat wil hulle hê. Want jy is te geneig om, nadat jy die storie gehoor het, het jy ‘n oplossing in jou kop, maar dan is dit nie wat hulle wil hê nie. So dis belangrik om te hoor wat wil hulle hê.

H: Jy wil eers hul storie hoor?

A: Ja, hoor eers, wil hulle hê jy moet, is dit ‘n verwysing wat hulle wil hê, wil hulle hê net,jy moet luister, wil hulle opsies hê om vir hulle te gee. So, luister eers baie mooi, wat is dit wat hulle vra voor jy vir hulle iets sê.

H: Luister na wat hulle vra, luister na hulle storie…

A: Ja, want dit doen baie keer aan hulle inbreuk, want dis nie regtig wat hulle wil hê nie. Dis eers nadat hulle hulle storie…hulle het geleentheid gehad dan kom hulle uit van wat hulle regtig wil hê. Dan kan jy saam sit en besluit wat is die beste.

H: Dit kom vir my af op wat jy netnou gepraat het oor die chaos, dat hulle altyd hier inkom met ‘n chaotiese storie en deur die proses wat jy met hulle praat en luister, asof daardie storie meer struktuur kry.

A: Ek dink iets wat mense in gemeen het, is definitief, elke kliënt wat hier inkom wil gehoor word. Hulle wil gehoor word, hulle wil geacknowledge word. Hulle huislike situasie, gewoonlik probleme en of dit na-effek van misdaad is…hulle wil gehoor word, hulle wil hulle storie vertel. En dis baie belangrik, ek voel dis baie belangrik om die mense die geleentheid te gee om hulle storie te vertel. Nie raad gee nie, jy moenie raad gee nie, maar net die geleentheid. Want as jy net sit en luister na iemand se storie, daar’s vir my ‘n konneksie op ‘n menselike vlak, ‘n absolute basiese mens tot mens vlak. Ek as mens luister na jou as mens en hoor jou pyn, maak nie saak wat die storie is nie, maak nie saak wat die details van die storie is nie. Wat se agtergrond dit is nie, wat die verwagtings is nie,

H: Sê my as jy die krisisintervensie diens lewer, watter impak het dit op jou?

A: Die eerste maal wat ek hier was, het ek totaal paranois geword oor my sekuriteit by die huis, my man werk in die buiteland vir lang tydperke, dan is ek en my kinders alleen. As jy iets lees in die koerant en jy sien daardie statistieke, raak dit jou nie, maar as jy daardie lêer oopslaan en jy sien, o, hierdie was ‘n blok van my huis af, of hierdie is mense wat ek ken dan raak dit skielik ‘n baie groot realiteit.

Dit het my die eerste paar maande gevang. As dit met die mense gebeur, kan dit met my ook gebeur.So ek het ‘n stadium van paranoia deurgegaan. En dit het mettertyd omgesit in die feit dat ek ‘n verskil kon maak en dat ek wel ‘n verskil maak. Dis vir my soos ‘n klein gemeenskappie. Dis vir my baie lekker om iemand raak te loop wat jy een keer gesien het by die sentrum. Ek sou gewoonlik nie die mense groet nie, want jy weet nie of hulle gegroet wil wees of wat hulle situasie is nie. Dit het ‘n paar keer gebeur wat ek iemand raakloop wat jy oogkontak maak en weereens maak jy met daardie mens ‘n konneksie. En dit is ‘n baie lekker gevoel agterna. Dis soos ‘n herinnering, dis baie lekker om vir iemand iets te doen. En dit is vir my op die oomblik, het dit ‘n groot impak op my lewe. Dit is vir my ‘n baie groot bevrediging dat jy iets vir iemand kan beteken. ‘n verdere impak, dit is vir my baie van onskatbare waarde. Jy weet , ek sal soveel keer iemand sien, dan het ek ‘n…[thinking and smiling]

In my agterkop kry ek ‘n idee van die teoretiese proses, dan sal ek huis toe gaan en deur my boeke gaan blaai en dan sal ek vir my sê, ja, dis wat gebeur het. So, dis vir my van onskatbare waarde, want ek kan die praktiese nou koppel aan die teorie.

O ja, dit beteken nie ‘n negatiewe impak nie, glad nie. Ja, mens raak onsteld partykeer. Jy weet self, die dinge wat jy sien, dit het ‘n impak op jou lewe en ek voel as dit nie ‘n impak op my gehad het op ‘n menslike vlak nie, is daar iets fout met my. As jy niks voel vir iemand anders nie met wie iets gebeur het nie. Maar ek sal nie sê dit dring in, in my huislike lewe nie, maar ek sal, as iets vir my moeilik was, ek sal dit met my man bespreek, ek sal dit met my seun bespreek. Ek sal hom baie keer iets vertel van iemand van sy ouderdom. Dan hou ek daarvan om sy perspektief te hoor. Dan hou ek daarvan wat hy vir my kan sê, want hy gee vir my meer insig in die persoon wat ek gesien het van sy ouderdom. Ek kon dalk dit gedoen gedoen het of ek kon meer gefokus het op dit.

H: Jy sê dit raak tog partykeer aan jou. Wat ervaar jy as dit aan jou raak?

A: Ek raak hartseer, as ek lees in die koerante daaroor dan is dit asof ek hierdie oorweldigende gevoel kry van alles in die wêreld is lelik en sleg. En dan

partykeer sal ek vir ‘n dag of twee af wees. Want dan is dit asof ‘n totale negatiwiteit my totaal oorrompel en dan elke keer, want elke keer wat dit gebeur het, was daar darem iets positief en iets moois.

En vir die een klein positiewe dingetjie wat gebeur het, sit vir my weer alles in perspektief. Ek het al so baie van die klein dingetjies wat gebeur, simpel klein dingetjies, wat niks vir iemand anders kan beteken nie, wat vir my net daardie positiewe uitwerking het. Ek dink wat my baie keer vang is die mensdom se ongrenslike kapasiteit (ek kan nie hoor wat se kapasiteit nie, iets van seer).

Dit verstom my nog keer op keer. Ek is seker naief, maar dieper in my hart glo ek al die mense is goed. Soos ek sê, dis seker naiewiteit van my kant af, want baie keer as ek sien hoe mense mekaar doelbewus seermaak, met die wete wat die effek is aan die einde van die dag. Ek praat nie van ‘n insipiring ding nie.

Ek probeer balans hou in die lewe. Vir my is balans van seker maak van alles in die lewe. Dit moet nooit “te” wees alle kante toe nie. En my persoonlike oortuiging, ek voel as ek voel my lewe hel oor negatiewe kant toe, sal ek doelbewus iets positiefs doen, of ek maak myself oop om positief raak te sien.

Ek praat van klein dingetjies. Jy weet, dit sal die katte wees wat mekaar jaag by die huis of iets simpel doen. Ja ek gaan soek doelbewus iets moois. Dis iets wat vir ander nie iets sal beteken nie, maar ek kry dit in daardie oomblik Net ‘n vinnige staaltjie. ‘n Vriendin van my het ‘n vreeslike onsekerheid by die werk gehad. Sy’s in Hoedspruit in die Lugmagbasis. Die man wat nou sy kinders doodgeskiet het, was ‘n kollega van haar gewees. Hulle het elke dag saam gewerk en sy kan nie verstaan dat hy dit gedoen het nie. Sy sukkel verskriklik om dit te verwerk. Die onsekerheid by die werk en die vroutjie wat aan die anderkant van haar sit, is verlede week in die hospitaal is sy dood, ‘n jong vroutjie. Dit het haar verskriklik gevang…hier sit sy by die werk, met al hierdie onsekerhede. Ek het Sondagaand met haar gepraat en sy was verskriklik depressief gewees, maar ons het lank gesels. Daar was net niks moois vir haar in haar lewe nie, tot Maandag oggend. Toe moes sy die vroutjie wat dood is se kantoor gaan oppak. Toe sy instap in die kantoor, toe tref dit haar hoe netjies die vrou se kantoor is. Al

haar dinge was in orde gewees in haar kantoor en dit het haar aangespoor om haar eie kantoor te gaan opruim en die clutter in haar lewe te gaan opruim en die oomblik toe sy beheer vat oor die situasie, het sy so goed gevoel oor haarself dat sy die clutter opgeruim het. Hulle wag al iets soos drie jaar, om te hoor of hulle poste afgeskaal word of nie. Sy was in haar kantoor gewees besig om die laaste goeters op te klaar, toe kom die Kolonel van Pretoria af ingestap en vir haar verseker van haar pos. Sy het my gisteraand gebel om dit met my te deel. Sy was in hierdie verskriklike negatiewe siklus vasgevang. Toe sy beheer geneem het daaroor, en hierdie vrou se dood haar aangespreek het, sy het iets positiefs gesien in die vrou se kantoor, sy het iets positiefs gesien in haar lewe. Sy het beheer geneem in haar lewe. So, ek glo as daar te veel negatief is in mens se lewe, kanseleer dit uit met die positiewe, op verskillende maniere. Doen ekstra diens hierso, wees net vriendelik, iets klein, klien, klein en dit help my om balans te hou.

H: Sê my, wat dink jy van die stelling dat krisis gevaar en geleentheid verskaf? Dat ‘n krisis ‘n gevaar vir sy lewe kan veroorsaak, sowel ‘n geleentheid vir hom kan skep?

A: Gevaar ja, in die sin van as dinge baie sleg gaan in jou lewe en jy word beroof en jou goed word gesteel. Ja, dan kan jy dalk dink daar’s ‘n gevaar van selfmoord.

Maar uit ervaring nie, en van mense wat ek ken, wat krisisse beleef het, het daar altyd iets positiefs uitgekom…uit my eie lewe ook, dis vir my altyd, dis vir my moeilik om dit te stel. Dis vir my asof jy net geduldig moet wees. Nou kom ons weer terug na balans toe.

Wanneer iets sleg met jou gebeur, moet jy net geduldig wees, want iets positief is oppad om jou balans te herstel. Jy sien dit nie op daardie oomblik nie, maar as jy terugkyk op jou lewe, as daardie slegte ding nie met my gebeur het nie, het daardie goeie ding nie agterna gevolg nie. As jy gaan sit en tel in jou lewe, sê nou maar ek het 10 slegte ervarings gehad, en jy gaan kyk verder, gaan jy 10 goeies kry. So, gevaar, ja (dan is dit weer onduidelik). Ek dink die mens is so ingestel, hulle sal eerder die geleentheid aangryp as die gevaar. As jy iemand

ken wat depressief is, dan gaan dit obviously.. , maar dan gaan dit nie die krisis wees wat hom breek nie. Dit gaan die sameloop van omstandighede wees. Dit gaan nie die krisis wees nie.

H: Sê my, dink jy die SKS se hulp aan ondersteuners kan hierdie impak van trauma op hulle lewens hanteer, is voldoende?

A: Ja , so ver ek weet, is daar nie geforseerde, verpligte goed, wat jy moet doen nie. Ek het nou die een met die selfmoord nou die aand bygewoon, wat vir my ongelooflik insiggewend was. Eerlikwaar, ek wou aanvanklik nie gekom het nie, maar wat ek geleer het daar, was vir my van onskatbare waarde gewees. Ek het nog altyd gevoel ek het die vrymoedigheid om na ‘n geval, indien ek sukkel met iets, het ek die vrymoedigheid om enige van die ondersteuners te nader of vir dr Pixie self. Dit is nie vir my ‘n groot probleem nie. Wat ek wel, graag sal wil weet, baie keer kom jy hier in en lees die verslae. Die verslae is nie baie gedetailleerd nie. Daar sal baie keer gevalle wees, wat vir my interessant is, seker maar uit ‘n sielkundige aspek uit, wat ek vreeslik graag meer van die geval sou wou geweet het. Dan sit ek en wonder, was dit nie moeilik vir die ondersteuner om die geval te hanteer nie? Hoe het hulle gevoel toe hulle dit hanteer het? Ek weet tyd is altyd ‘n faktor, maar ek sal verskriklik graag op ‘n gereelde basis, sal ek van ander ondersteuners terugvoer wou hê oor die gevalle hoe hulle dit ervaar.

As ons dit dalk elke 2de 3de vergadering, die wat wil praat daaroor. Want ek voel, in ‘n groot mate voel ek afgesny van die ervarings wat die ander ondersteuners het, want die verslag is nie vir my genoeg nie. En dit is net nie prakties om elke geval met elke ou te sit en te bespreek nie. Ek sou graag daardie terugvoer wou hoor, hoe ander dit ervaar, en watter impak dit op hulle gehad het. Ons kan so baie leer uit mekaar uit. Maar soos ek sê tyd is ‘n faktor.

Ek het byvoorbeeld nog nooit ‘n selfmoord gedoen nie. En dit is iets waaroor ek nog altyd wonder. Ek het nog nooit ‘n lyk gesien nie. Dit is iets wat dr Pixie vir my gevra het met my heel eerste onderhoud. Wat sal ek doen as ek ‘n lyk sien en ek het gesê ek het nog nooit een gesien nie. So dit is iets wat heeltyd in my agterkop bly. Indien ek in daardie situasie is, hoe gaan ek optree?

Hier het al mense ingekom. Die oomblik as hulle begin praat, dan sit ek en dink, gaan ek hierdie persoon kan help? Die oomblik wat jy begin betrokke raak, die oomblik wat jy begin luister na sy storie, en nie fokus op hoe jy voel nie, dan val dinge in plek. En na die tyd, ek hou daarvan om na die tyd te gaan sit en dink, hoe het ek dit hanteer, wat kon ek dalk gesê het? En na die tyd sal ek vir my sê, dit was nie vir my so erg gewees nie. So ek dink vir elke nuwe geval, glo ek dis normaal om bietjie te twyfel. Soos met 'n verkragting, as hier 'n verkragtingslagoffer inkom, ek is nie seker nie, ek dink ek sal psigies in staat wees om hom te kan hanteer,maar ek is so bang vir die prosedure, dat ek iets gaan skip daar, dat ek iets gaan mis. Ek glo as die oomblik as die tyd kom, sal die regte dinge inskop, en weereens as ek twyfel, dan tel ek die telefoon op en bel vir hulp. Ek is nie bang om hulp te vra as ek voel ek het dit nodig nie. Ek sal eerder iemand bel en vra of ek die regte ding doen, voor ek die verkeerde ding doen...vir my gaan dit oor fokus.

As jy op daardie oomblik fokus op jou eie mini krisis, gaan jy totaal nutteloos wees vir die persoon. Die oomblik wat jy gaan begin fokus op daardie persoon en daardie probleem, dan skuif jy in die agtergrond in, en dan tel jy nie meer nie. Dan wanneer dit verby is, dan is dit 'n kwessie van (sug) dis verby. Vir my is dit regtig ons moet gefokus wees.

H: Dit koppel vir my baie mooi dat jy sê krisis lê oor na die geleentheid kant toe, want alhoewel jy onseker is of jy die klient kan help, is daar 'n geleentheid is van selfgroei…ek het iets beteken…ek het op 'n baie menslike vlak connect met hierdie persoon…

A: Dit is vir my baie belangrik. Ek het al gevalle gehad wat hier mense inkom, wat ek nie 'n konneksie gevoel het nie. En dan agterna, dan sal ek sit en wonder, is dit iets wat ek verkeerd gedoen het, maar meestal is dit mense wat nie wil connect nie. Maar dit pla my wanneer dit gebeur. Want dan voel ek aan die een kant, asof dit nutteloos was. Maar mens moet seker die balans handhaaf.

H: Wat dink jy rondom ander rolspelers wat ‘n rol speel in die genesingsproses van kliënte?

A: Ja, niemand leef in isolasie nie, almal eintlik wat betrokke is, die skole, die kerke, die gemeenskap. Almal is definitief betrokke. Maar ter selfdertyd, as jy een persoon se perspektief kan help om ‘n ander perspektief in te neem, spoel die impak ook oor na die ander mense toe. So dit werk beide kante toe.

H: Dit wil sê die SKS moet netwerk met ander rolspelers?

A: Ek is amper geneig om te sê nee. Baie keer kom hier mense in wat, sê nou maar dis huislike probleme, drankmisbruk in die huis, dan het hulle klaar intern in die familie dit probeer uitsorteer. Dit was nie suksesvol gewees nie, dan gaan hulle na die dominee toe, die dominee interview en dit is nie suksesvol nie. En dan baie keer as hulle hier kom, is dit ‘n tipe van ‘n last resort, of ons verwys hulle na ‘n sielkundige toe. Ek sou sê ons is ‘n stop op ‘n paadjie van daardie progress. En ek dink as jy te veel rolspelers koppel aan een saak, gaan dit die persoon aan die einde heeltemal verwar, want elke persoon gaan ‘n ander perspektief hê. As jy van 5 verskillende rigtings af, verskillende opinies hoor, gaan dit jou nie help nie. Ek glo die proses wat hule volg, deur die familie, deur die dominee, gaan sien ‘n sielkundige, as hulle voel hulle kry nie daar wat hulle nodig het nie en hulle kom hier uit, kry hulle miskien hier wat hulle nie op ander plekke kon gekry het nie. So ek dink te veel netwerk gaan confusing wees vir die kliënt.

H: En op ‘n groter vlak, dalk met ander polisiestasies?

A: Ja soos ek vir jou gesê het, verwys van ander polisiestasies, dink ek dis baie nodig. Jy weet ons is net bekend in die plaaslike koerantjie. Ons het coverage nodig in die Beeld, in die Rapport het ons exposion nodig. Ek glo nie ons sal so stormloop kry dat ons dit nie sal kan hanteer nie. Want hoe groter ons exposure is, hoe groter is die kanse dat ons ook finansiële hulp gaan kry van ‘n groter maatskappy.

Weereens die klein gemeenskappie. Ek dink die gemeenskap is al uitgeput, want almal het geld nodig, dis kleuterskole, dis skole, dis kerke. Almal wil geld gee en insamle uit dieselfde bron uit. So ek dink ons kan regtig dmv die polisie, kan jy regtig die woord versprei van die sentrum, en glo vir my, mense is bereid om te ry, veral as hulle nie hoef te betaal nie,is daar mense wat van Jhb af sal kom. Die meeste mense se mediese fondse werk op ‘n dekking van ongeveer R1000.00 ‘n jaar vir sielkundige hulp. Dit is 2 besoeke, dan is die medies uitgeput. Mense wat nie medies het nie, kan nie bekostig om R400 vir ‘n sielkundige , R800 vir ‘n psigiater per sessie te betaal nie. So as dit net ‘n kwessie van tyd en petrol is, gaan hulle hiernatoe kom en hoe meer mense hiernatoe kom, hoe groter is die kans dat ons, soos ek sê, dalk finansieel hulp sal kry. En hoe meer is die leerproses vir ons, hoe meer gevaar word ons aan blootgestel, hoe meer professioneel gaan ons word.

H: Wat beskou jy as die SKS se sterk punte?

A: Heel eerste dr Pixie as die sterkste punt en ook as die swakste punt. Ek sal dit nou vir jou verduidelik. Ek glo ten eerste akademiese kwalifikasies en haar professie gee baie credibility aan die krisissentrum. Jy weet as dit ‘n doktor is wat ‘n forensiese kriminoloog is, het veel meer ‘n impak as wat dit het, as ‘n persoon sonder ‘n titel. Mense hou van titels. So dit ten eerste, haar professionele credibility, is vir my baie sterk in die sentrum.

Ten tweede, die sentrum is haar baby, wat ek kan verstaan. Sy dra die sentrum in ‘n groot opsig. Hier is baie dinge wat sy doen, waarvan baie nie bewus is nie, dra sy die sentrum. En dis hoekom ek sê sy is terselfdertyd die swakste punt van die sentrum, want sy dra die sentrum in so mate dat, wanneer sy wil aftree of wanneer sy haar gaan onttrek uit die sentrum uit, is sy verskriklik bang dat die sentrum gaan uitmekaar uit val. Want dis haar dryfkrag en haar dinamika wat die sentrum aanhou in die eerste plek. En wie gaan haar opvolg wat dieselfde dryfkrag en dinamika het. So, ja, sterk punt, sy doen verskriklik baie vir die sentrum, swak, want sy doen verskriklik baie vir die sentrum. Sy het mos gesê sy wil aftree. Ons is nou in Mei, so voor sy aftree die einde van die jaar, moet daar op ‘n manier ‘n baie sterk ondersteuningsisteem tot stand kom in die sentrum,

om die verlies te kan absorbeer. Want eerlik waar, ek kan na daardie bord sit en kyk en nie een persoon het dieselfde dryfkrag as sy nie, wat soveel gedoen gaan kry nie. So dit is vir my ‘n groot bekommernis. So sy is vir my die sterkste punt van die sentrum en die swakste punt.

H: Gaan dit vir jou oor ‘n sterk leier?

A: Ek glo ja, omdat ons mekaar nie op ‘n gereelde basis sien nie. Jy weet, as jy ‘n trop skape het wat op een slag saam is, kan jy hulle beter beheer. Maar as jy ‘n trop skape het wat elkeen in ‘n ander kamp staan, om hulle te beheer, glo ek, dis bitter moeilik. En jy weet, as jy vat, die skakeling wat sy doen met die polisie, die skakeling wat sy doen met die GPF ook, jy weet om te baklei vir geld. Daardie tipe van goeters, ja dit gaan vir my definitief oor ‘n sterk leier. Ek dink almal sien op na ‘n sterk leier. En omdat ons nie baie onderlinge kontak met mekaar het nie, gaan dit maklik wees, as daar nie ‘n gemeenskaplike gom is nie, gaan dit baie maklik wees om uit mekaar uit te dryf. Wat ‘n ongelooflike jammerte sal wees as dit gebeur.

H: Enige ander sterk punte of swak punte.

A: Sterk punte, weereens gemeenskapsgebonde en dat ons polisie baie gebruik maak van ons. Indien een van hierdie polisiemanne uitgeplaas word na ‘n ander stasie, en hulle het kontak met ander, is ek seker, die sentrum se naam kom een of ander tyd uit.

Swak punte sal ek ook sê juis die feit dat die ondersteuners mekaar nie so goed ken nie, en ander skofte werk, het jy nie onderlike kontak nie, dis vir my asof ek ‘n behoefte het daaraan. Maar terselfdertyd moet ek sê verpligte gesamentlike kontak, gaan nie werk nie. Ek het nou al onderling, van die ondersteuners wat ek leer ken het, ongelooflike mense ontmoet, wat al twee jaar hier is, waarvan ek nie eers geweet het nie. Wat ek nie leer ken het nie. Aan die een kant is dit vir my lekker om dit op ‘n spontane manier te kan doen. Om mekaar op ‘n spontane manier te leer ken. Maar dan is daar van die ander ondersteuners wat ek nooit sien, wat ek nie ken nie, wat ek niks van weet nie. Daar is vir my so bietjie van ‘n

gemis, want jy werk vir ‘n gesamentlike doel. Maar jy is ook nie verplig om mekaar te leer ken nie. Die skofte uit die aard van die saak, maar die skofte is noodsaaklik.

Jy weet en ken die vergaderings self…meeste mense kom net vir die vergadering. Dis koud in die winter en jy wil huis toe gaan. Jy weet, dis kinders en verpligtinge by die huis ook. Dit is iets wat ek graag meer sou wou hê.

Ek het verlede jaar op die dagkomitee gedien en gevind daar’s dinge wat die meeste van die ondersteuners nie bewus is nie. Jy weet, die petit klein probleempies. Wat dr Pixie natuurlik ook hanteer, maar simple dingetjies, die krag wat trip, en onderlinge struwelinge tussen die ondersteuners, persoonliheidsverskille tussen hulle dalk. Dit het my geirriteer. Daar’s nie eers ‘n ander manier om dit te sê nie. Dit het my regtig geirriteer, want die fokus word weggevat van wat ons regtig hier doen. En dit kom vir my terug na die fokus toe. As jy hier is oor jy geirriteerd wil raak met iemand anderste, dan dit sekerlik verkeerde redes. Ek is absoluut ‘n persoon wat geirriteerd raak met peti dingetjies. Maar weereens is dit vir my ‘n sterk ondersteuningsisteem, ‘n sterk dagbestuur, behoort baie van daardie probleme uitgeskakel te word.

H: Gepraat van die rede hoekom ons hier is, die SKS se misie-stellinge sê die volgende…om ‘n gemeenskapsbasseerde, emosionele ondersteuningsdiens vir slagoffers van misdaad, ongelukke en krisisse te lewer. As ons daardie missie-stelling as kriteria neem, sou jy sê die SKS is suksesvol in wat dit doen?

A: Ja, honderd persent.

H: Wat sal jy sê is die kritiese suksesfaktore gewees wat gemaak het dat die SKS suksesvol is?

A: Die feit dat ons 24 uur beskikbaar is. Dit is ‘n groot faktor. So die onmiddellike beskikbaarheid is vir my ‘n groot faktor.

Die sukses word vir my ook in ‘n mate gekoppel aan die polisie. As die polisie op ‘n toneel is en hulle kry binne 10 of 20 minute iemand van die sentrum op die toneel. Dit werk vir my beide kante toe. Dit verbeter die polisie se beeld, so ek dink ons het baie gedoen om ons Sinoville polisie se beeld te verbeter. Al is ons nie deel van hulle nie, word ons gesien as ‘n uitgebreide diens van die polisie.Dit maak die polisie meer domain in die publiek se oog.

En wat vir my verskriklik nice is, die kere wat ek dit ervaar het, of dit wit polisiemanne of swart polisiemanne is, hulle houding teenoor die krisissentrum is vir my presies dieselfde. En die kulturele verskille, in ag geneem, jy weet self in die swart kultuur, geestessiektes is nie eintlik iets wat bestaan nie. As mens vat, toordery en so iets, en die feit dat die swart mense nie huiwer om van die sentrum gebruik te maak nie. Dis weereens vir my, dis vir my ‘n stappie vorentoe, dis ‘n credibility vir ons en dis ‘n credibility vir hulle ook.

H: Rakende die SKS, wat sou jy sê is positief en moet meer van gedoen word?

A: Ons publieke beeld moet meer uitgedra word. Ons het nou-nou gesê, meer, groter in die koerante, nie net die plaaslike koerante nie, radiostasies. Jy weet mens kan Radio Jakaranda bv nader, wat oor die hele Pretoria bv uitsaai. Ek weet nie of hulle geld vra daarvoor nie. Ek voel regtig ons publieke beeld moet meer uitgedra word. Ons is baie bekend aan die gemeenskap, maar is geen rede hoekom ons nie bekend kan wees in die hele Pretoria of die hele Gauteng nie. En aangesien dit die enigste krisisentrum is wat nog funksioneer, waar daar soveel al begin het, glo ek ons het die verantwoordelikheid om aan mense te vertel van ons sukses, sodat hulle kan leer, weereens dis natuurlik die doel van my studie ook, maar dis vir my vreeslik belangrik. Ek voel regtig die beeld moet meer uitgedra word en daarvoor het ons die verantwoordelikheid van elke ondersteuner. Waar jy gaan, mense wat jy ontmoet in jou werk, vriende wat jy het. Ek het altyd ‘n pak kaartjies by my.

Net ‘n enkele voorbeeld, my tandarts is in Constantia Park en haar assistant is gehijack. Ek het vir haar ‘n kaartjie gegee en vertel waar ek werk, en haar assist het van Constantia Park af deurgery hiernatoe. Ek glo regtig, elkeen van ons,

sover soos wat ons gaan, vertel vir mense wat jy doen, vertel van die suksesverhale

H: Wat sal jy sê werk nie, en hoe om dit reg te stel?

A: Ek dink weereens wat vir my nie werk nie is, die koördineerder van die sentrum behoort nie al die verantwoordelikheid te dra nie. Dit moet beter gedelegeer word en daar moet ‘n sterker dagbestuur wees. Nie persoonlike kritiek nie. Jy weet die afgelope paar maande, die verwarring van die skofte en die mense wat nie opdaag vir skofte nie, net absoluut die dag/aand koördineerder. Dit is ‘n probleem wat daar ontstaan het. Elke ou het persoonlike redes wat daar ‘n impak het, so dis nie persoonlike kritiek nie. Ek dink die bestuurstruktuur van die sentrum, moet na gekyk word, dalk geherstruktureer word, dat die las meer eweredig versprei kan word. Dan gaan die druk op individue gaan minder wees. Jy weet, soos die poste nou ingedeel is. Daar’s geen rede hoekom daar nie adisionele poste kan wees nie. Dit kan meer versprei word, een persoon opleiding doen dit doen, een persoon kan dit doen. Daar kan meer mense betrek word. En ek glo net, die wat betrek word by die dagbestuur, vat meer verantwoordelikheid op, en die commitment wat jy by die sentrum kry is soveel meer. So definitief die bestuurstruktuur. Weereens omdat ek so bang is, as dr Pixie aftree gaan alles in duie stort.

H: Wat sal jy sê kort en moet geinisieer word?

A: Ek dink ons kan…jy sien dan gaan dit weer oor tyd. Alles gaan oor tyd. Ek dink mens kan gemeenskapsprojekte loods, wat opvoeding betref. Jy weet soos ja, ek weet dr Pixie doen baie praatjies oor selfmoord en..maar, al bied mens ‘n inligitngsaand een keer ‘n maand by die sentrum. Van die ondersteuners kan spreekbeurte maak, ons kan sprekers kry om te kom praat. Nooi die gemeenskap hiernatoe. Vanaand praat ons tienerselfmoord, Susan se selfmoord, ja mens praat met die polisie, maar sover soos wat jy gaan, die mense wat in die staatsdiens is, die mense wat in die korrektiewedienste is, die mense wat in die weermag is. Almal sit met hierdie siek sisteem, wat hulle slagoffers is van hierdie sisteem op hierdie stadium en ‘n mens kan globaal

daaroor praat. Hoe kan ons hierdie positief benader? Ek praat uit ‘n opvoedings oogpunt uit, nie uit ‘n godsdienstige oogpunt uit nie. Om pro-aktief te wees eerder as reaktief. Ek dink regtig vir die gemeenskap. Vanaand is dit oor ouerskap, vanaand praat ons oor verkragting, nooi die mense van die gemeenskap uit oor verkragting. Weet jy mevrou wat in Sinoville bly, wat om te doen as jy verkrag word? Het jy al met jou dogter gepraat oor verkragting. Jy weet die tipe goed wat ons ondersteuners al geleer het, is dinge wat die mense behoort te weet. En terselfdertyd, hoe meer mense gaan betrokke raak by die sentrum, as hulle met inligtingsaande hiernatoe kom. Dit word heeltemal gratis aangebied as ‘n gemeenskapsdiens.

Ek weet nie of jy vir Maja Angelique - so iets, ek het nou ‘n wilde raaiskoot gevat – [smiling] ken nie, sy’s ‘n Amerikaanse skrywer, aktivis, sy’s ‘n ietsie van alles. Maar sy’t so wonderlike gesegde wat sy sê, “when you get gifts, will you learn and teach”, en dit is iets wat altyd in my agterkop bly. Jy weet, ons het al so baie geleer hierso, en as ek nou dink, want ek doen gereeld die verkragting segment by die opleiding, wat ek nou geleer het oor verkragting, die regsproses van verkragting, die statistieke van verkragting, wat jou kanse is wat laat in die hof verskyn. Is daar ander maniere hoe jy dit kan benader. Ek het al met my dogter gepraat daaroor en haar vriendinne en met my seun gepraat daaroor. Maar dit is dinge wat ek vir mense behoort te leer, die gemeenskap behoort te weet. En omdat ons die kennis opgedoen het, glo ek, ons het ons is verplig om die gemeenskap op te voed. Jy weet sulke eenvoudige dinge. Kry ‘n spreker van die polisie. Weereens, net ‘n simpel voorbeeld, ek is nou die dag, ek is oppad terug van die Kaap af. In die vroeë oggendure is ek alleen in die kar, wat ek deur die polisie afgetrek word, is deur gewapende polisie omsingel. Ek het nie geweet of dit regte polisie is. Hulle het my kar deursoek, want hulle het gedink dis perlemoensmokkelry. Maar in elk geval, agterna, toe besef ek, ek weet nie wat my regte is nie. Ek het nie geweet, mag hulle die kar deursoek nie. Jy weet, dis iets wat mens in gemeenskapsdiens kan lewer in samewerking met die polisie. Wat verstaan die mense en kennis oor hulle regte. Wanneer moet jy die metropolisie bel, wanneer moet jy die gewone polisie bel. Ek glo ons het ‘n verantwoordelikheid teenoor die gemeenskap.

H: Enige laaste gedagtes?

A: Dit sal vir my net ‘n versrkiklike hartseer dag wees as die sentrum uit mekaar uit val vir een of ander rede, want ek glo absoluut ‘n duisend persent dat ons ‘n verskil maak, al is ons net ‘n klein druppeltjie in hierdie enorme dam, glo ek ons maak ‘n verskil. En ek glo ons het die verantwoordelikheid om ons kennis oor te dra na ander sentrums, ander mense toe, en vir elke bietjie wat jy kan opvoed, elke bietjie wat jy vir iemand anders kan leer, kan jy nog ‘n druppeltjie êrens tot stand kan kom en nog ‘n druppeltjie en nog ‘n druppeltjie en miskien maak dit êrens ‘n verskil aan die globale prentjie. So ek is baie positief teenoor die sentrum. Ja, die ander ding wat ek wil noem, wat ek opgelet het in my persoonlike lewe, maar ek het opgelet in mense wat ek leer ken het, was ‘n groot aspek wat ek vind by die sentrum, elke dag, elke persoon wat jy sien leer jy wat jy kan toepas op jou eie lewe, en leer jy jouself in ‘n baie groot mate. Mens moet ook nie heeltemal staat maak daarop nie, maar dit is vir my ‘n baie belangrike ding, want ons leef in ‘n wêreld vandag, ons leef so geisoleerd van mekaar af Dis baie skaars om nog ‘n gemeenskapsgevoel te kry. Ons is toegesluit in ons huise. Ons beweeg so van kokonnetjies na kokonnetjies en jy sien die mense so in die verbygang. Ek dink net enige iemand wat, enige vorm van gemeenskapsdiens verrig, verryk sy eie lewe

H: Dankie

A: Dankie.

APPENDIX F

FOCUS GROUP INTERVIEW: PROPOSED INTERVIEW SCHEDULE AND SUMMARY

POPOSED INTERVIEW SCHEDULE:

1. Please reflect on the individual interviews and share with the group what the experience was like for you. Did you become aware of aspects you did not think of before? How did the interview impact the work you do at the SCC?

2. What are your expectations of today's group interview? What aspects do think is important and needs to be considered?

3. What are your opinions, thoughts and feelings on the following statement: the SCC is experiencing a crisis of its own - the management structure is about to go through a major change?

   What can we do, knowing that we are facing a major change that potentially threatens the future existence of the SCC, to manage this change and, simultaneously improve the services we deliver? What skills and resources do we require?

FOCUS GROUP INTERVIEW: SUMMARY

A focus group interview was scheduled for the 12th of September 2006. The purpose of the focus group interview was to allow all participants the opportunity to share their individual experiences, thoughts, feelings and perceptions regarding the study as well as reflect on the individual interviews in a shared space. Additionally, participants were afforded the opportunity to add information that they may have become aware of subsequent to the individual interview process.

All participants were welcomed and a brief outline of the session was provided. I reminded participants of the research purpose and the qualitative and participatory action research (PAR) methodologies that drive this particular study. More specifically, I reiterated that a hallmark of a genuine PAR process is that it may change shape and focus over time (and sometimes quite unexpectedly) as participants focus and refocus

their understandings about what is really happening and what is really important to them. The aims of this meeting was to reaffirm and facilitate a collaborative, non-judgemental and non-hierarchal relationship and introduce possible new found insights, reflections and knowledge, which may have resulted from the individual interviews, into the research process.

I requested participants to reflect on the individual interviews and share their experiences and thoughts with the group (see question 1 in the interview schedule). All participants experienced the individual interviews as positive and some remarked that it provided a good opportunity to reflect on SCC practices and their involvement.
The aforementioned reflection opportunity envoked a debate that centered on the core theme I identified during the individual interview process: the SCC is experiencing a crisis of its own - the management structure is about to go through a major change.

Participants spoke about the aforementioned issue in exess of one (1) hour. During this time I took down notes and listened attentively. What became apparent was that participants harboured feelings of fear and anxiety in relation to the SCC's future. Participants expressed the need for debriefing sessions to manage this and other self-care dynamics. At the time I tentatively interpreted the basis of their fears as a threat to the SCC's *status quo.*

In essence, the focus group interview confirmed the initial theme I identified during the individual interviews. Because participants were able to discuss and chare their concerns with others, their fears were normalised. However, the focus group interview did not provide any clear guidelines or proposals with regard to managing the SCC crisis. It seems appropriate that the SCC address this issue collectively.

Subsequent to the focus group interview, the particular theme was brought under the SCC management's attention. A process to manage this was to be initiated in due time.

APPENDIX G

REFERRING AGENT PAMPHLET

DEAR READER

The Sinoville Crisis Centre (SCC) is proud to form part of the victim empowerment community. The presented pamphlet attempts to fulfil the following functionA:

- To provide you with a short overview of what victim empowerment is;
- To provide you with information regarding the needs victims experience in the aftermath of a crisis;
- To provide you with information about the SCC;
- To assist you to make an adequate referral to the SCC.

WHAT IS A VICTIM?

Victims refer to persons who have, individually or collectively, suffered harm including physical or mental injury, emotional suffering, economic loss, or substantial impairment of their fundamental rights through acts or omissions, that are violations of national criminal laws or internationally recognised norms relating to human rights. Furthermore the term victim includes, where applicable, the immediate family or dependants of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prohibit victimisation. In addition the SCC regard any person who has been overwhelmed by any experience that cannot be remedied by traditional coping strategies as a crisis victim.

WHY VICTIMS DESERVE ATTENTION

Victims deserve attention because of, among other, two (2) reasons. Firstly all victims have rights. These rights include:

- The right to be treated with dignity and respect;
- The right to offer information;
- The right to receive information;
- The right to legal advice;
- The right to protection;
- In certain circumstances, the right to compensation.

Secondly it is alleged that if victims go untreated they often become perpetrators of either retributive violence or of violence displaced within a social or domestic sphere. Furthermore the absence of victim empowerment service providers plays an important role in the cyclical nature of crime and violence. Attending to the needs of victims, may prove to be an effective way of curbing additional crime and violence rates.

WHAT IS VICTIM EMPOWERMENT?

Victim empowerment services refer to services delivered by organisations that venture to assist victims by assessing their needs and actively working to address these needs. The ideology is about assisting victims to heal and move on from the victimisation process with the least amount of hurt, loss, and distress. It's about delivering the service the service provider is expected to deliver and delivering such a service with the victim's needs in mind.

ROLE PLAYERS

The Department of Social Development is the lead role player and is fittingly assisted by the South African Police Service, the Department of Justice, Correctional Services, and Department of Education. Furthermore several non-governmental organisations and community-based organisations adjoin their particular expertise to the delivery of an empowerment service to victims of crime and other crises.

Everyone can, however, play an important role in the delivery of victim empowerment services. The aim is the construction of a network of service providers that assist victims to address their particular needs. By directing a victim of crime or any other crisis to a relevant service provider you are playing your part in the construction of a victim empowerment friendly environment.

THE NEEDS OF VICTIMS

The following are the needs mostly expressed by victims and attended to by victim empowerment service providerA:

- Emotional needs – the need for supportive and close interaction with others within a context of safety. Criminal justice officials often overlook this aspect. Mental health professionals regard the ventilation of feelings of distress as an important component in the healing process;
- Acknowledgement needs – the need for reassurance that feelings of, among other, fear, anger, and discomfort are normal;
- Need for understanding – the need to be understood, accepted, and supported, versus being blamed for involvement in the process;

- Practical needs – probably the most pressing need following victimisation. Victims could require, among other, that the crime scene be decontaminated, medical care could be required, or that contact with meaningful-others be established;
- Information needs – victims have concerns that relate to information such as practical arrangements that need to be made, legal processes, and referrals to other community organisations;
- Need for contact with the judicial system – proceedings with regards to the judicial system can be intimidating. Victims require guidance and support concerning their rights and obligations.

ROLE OF THE SINOVILLE CRISIS CENTRE

The SCC is a community based organisation located on the premises of the Sinoville police Station. The centre offers victim empowerment services free of charge to all clients. Although the SCC focuses mainly on the Sinoville region, clients from all over Pretoria, or the country, are welcome to make use of the service. The centre is staffed twenty fours hours a day, seven days a week, and three hundred and sixty five days a year. A trained SCC counsellor will answer all telephone calls. In the event that a call cannot be answered immediately a message should be left on the SCC answering machine. A trained SCC counsellor will respond to the call as quick as he / she is able to do so. All service delivery occurs at the SCC's premises unless otherwise arranged by the Director of the SCC. The SCC specialises in the following areas of service delivery:

- Short term crisis intervention and counselling delivered by trained volunteer crisis counsellors who are not necessarily trained as psychologists, psychiatrists, or social workers;

- Practical support service delivery to victims of crises. Practical support involves, for example, assistance in filing a protection order in domestic violence cases, providing referrals to substance abuse rehabilitation centres, and providing referrals for overnight sleeping facilities;
- Provides support services during legal proceedings on the condition that such proceedings are held in Pretoria;
- Assessment of suspected sexually molested children if requested by the Child Protection Unit;
- All SCC service delivery is conducted in accordance to a strict confidentiality code.

THE REFERRAL

When you are confronted by a victim of crime, abuse of power, or any other crises and believe that such a person can benefit from services delivered by the SCC you are urged make a referral to the centre. In making an adequate referral you should provide the person with the following information:

- **Name of organisation**: Sinoville Crisis Centre;
- **AddresA:** Konavle Street 257, Sinoville. Alternatively you could state that the centre is located at the Sinoville Police Station's premises. In the event that directions are desired the SCC should be contacted;
- **Phone number:** 012 – 543 9000;
- **Person who will answer the phone:** a trained crisis counsellor will answer the phone. In the event that the phone is not answered the person is urged to leave a message. A trained SCC counsellor will phone him / her back as soon as possible. Alternatively the person should go to the Sinoville Police Station and a crisis counsellor will be contacted by the police official on duty;

- **Hours of operation:** the SCC is operated on a continuous basis, i.e. everyday of the year, all hours;
- **Relevant services being provideA:** the SCC specialises is short-term crisis intervention and counselling services. Practical assistance also forms an integral part of service delivery. Referrals for other services not provided by the SCC could be provided;
- **Any applicable restrictionA:** there are no restrictions placed in terms of geographical area. Clients are however expected to play an active role in solving their crises in a maximum of six sessions. Should this not be possible a referral will be made to a relevant longer-term service provider.

As a potential referring agent for the SCC, and active role player in the victim empowerment initiative, you are urged to provide the person you are referring to the SCC, with all the aforementioned information. This allows the referred person to create appropriate expectations of the SCC services. Furthermore it prohibits any further distress that may be caused by unexpected referrals.

APPENDIX H
CRISIS
INTERVENTION
EVALUATION
FORM

DEAR READER

The Sinoville Crisis Centre (SCC) provides a crisis intervention and counselling service to all Individuals who have experienced a crisis event. This questionnaire is intended to serve the following purposeA:

I) Assist the SCC to ensure that SCC clients receive the best possible support following a crisis event
II) Enable the SCC to provide SCC counsellors with the appropriate support and training to ensure effective assistance to clients
III) To include the SCC client more thoroughly in the crisis intervention process

The following guidelines is important when completing the questionnaire:

I) You are not requested to include your name, surname or any other form of biographical information. The questionnaire is thus anonymous
II) You are under no obligation to complete this questionnaire. If you decide not to complete this questionnaire please return the blank questionnaire to the SCC
III) You are not requested to include the counsellor's name that assisted you. The aim of this questionnaire is not to evaluate the counsellor, but the services being delivered by the SCC
IV) A blank space has been left on the last page of this questionnaire. Please feel free to use this space for any comments you would like to bring under the SCC's attention
V) If you would like to contact the SCC please do not hesitate to do so. The telephone number is 012-543 9000.
VI) After you have completed the questionnaire place in the envelope provided and return to the
SCC

THANK YOU FOR YOUR PARTICIPATION

SINOVILLE CRISIS
CENTRE

1. What event precipitated your visit to the SCC? (Tick as applicable)

Domestic violence		Substance abuse	
Robbery		Sexual assault	
Armed robbery		Other	
Murder		If other please specify	
Suicide		Date of event	

2. Who referred you to the SCC?

2.1 Did you receive adequate information about the information as part of the referral? In other words, were you able to make an informed decision about making use of the SCC's services?

YES	NO

IF YOU ANSWRED "YES" TO TO QUESTION 2.1 PLEASE GO TO QUESTION 3.
ELSE ANSWER QUESTION 2.2

2.2 What information would have been useful to you to be able to make an informed decision?

---

3. How many times did you meet the counsellor? (This includes a telephonic follow-up)

Once		Four times	
Twice		Five to six times	
Three times		More than six times	

3.1 If you met the counsellor more than once, how helpful were these follow-up sessions?

Very helpful	
Helpful	
Somewhat helpful	
Not helpful	

3.2 Did the SCC counsellor refer you to another service provider, for instance a social worker?

YES	NO

4. The following refers to your interaction with the counsellor. Indicate either "YES" or "NO"

4.1	The counsellor introduced him / herself to me	**YES**	**NO**
4.2	Did you feel physically safe during the counselling sessions?	**YES**	**NO**
4.3	Did the counsellor discuss confidentiality?	**YES**	**NO**
4.4	Was the counsellor's role discussed?	**YES**	**NO**
4.5	Did you feel that you had the counsellor's full attention?	**YES**	**NO**
4.6	Did you feel that the counsellor understood you?	**YES**	**NO**
4.7	Did you feel that the counsellor respected you?	**YES**	**NO**
4.8	Did the counsellor discuss your expectations of the service?	**YES**	**NO**
4.9	Did you commit yourself to the intervention process?	**YES**	**NO**
4.10	Did you stay committed to the process throughout?	**YES**	**NO**
4.11	Did you have the opportunity to tell the full detailed story of the crisis event?	**YES**	**NO**
4.12	Did the counsellor assist you to identify possible coping strategies?	**YES**	**NO**
4.13	Did the counsellor inform you that your reactions are normal?	**YES**	**NO**
4.14	Did the counsellor explain how people normally react after crisis incidents?	**YES**	**NO**
4.15	Were follow-up visits arranged?	**YES**	**NO**
4.16	If follow-up visits were arranged, did you show up for these sessions?	**YES**	**NO**
4.17	Did the crisis intervention service assist you create a better understanding of what happened to you?	**YES**	**NO**

5. Did the crisis event have any lasting positive effects on you?

YES	NO

IF "YES", PLEASE SPECIFY

6. Did the crisis event had some lasting negative effects on you?

YES	NO

IF "YES", PLEASE SPECIFY

7. Please use the space provided for any additional comments.

THANK YOU FOR YOUR PARTICIPATION!